PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) MICHIGAN FARM BUREAU POLITICAL ACTION COMMIT 7373 W. SAGINAW HIGHWAY ADDRESS (number and street) P.O. BOX 30960 (Check if address is changed) LANSING 48917-7900 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MSMEGO@MICHFB.COM (Check if address is changed) Optional Second E-Mail Address PGODBEY@MICHFB.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00096362 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. PIGGOTT, SCOTT, , , Type or Print Name of Treasurer PIGGOTT, SCOTT, , , [Electronically Filed] 07 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

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	COMMITTEE te Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
Name of Candidate		
Candidate Party Affilia	ation Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:  (National, State (Dem	nocratic,
(d)		iblican, etc.) Party
Political	Action Committee (PAC):	
(e) <b>x</b>	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is
	Corporation Corporation w/o Capital Stock Lat	oor Organization
	Membership Organization Trade Association Co	operative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg-committee. (i.e., nonconnected committee)	ated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or	more political
	committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.		
۷.		
3.		

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FEC Form 1 (Revis	,	Page <b>3</b>
Write or Type Committee N		
MICHIGAN F	ARM BUREAU POLITICAL ACTION CO	DMMITTEE
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
MICHIGAN FARM	BUREAU	
Mailing Address	7373 W. SAGINAW HWY.,	
maining madrees	P.O. BOX 30960	
	LANSING	48909-8460
	CITY	710 CODE
	CITY STATE	ZIP CODE
Relationship: X Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. <b>Custodian of Records:</b> books and records.	Identify by name, address (phone number optional) and position of the pers	on in possession of committee
	BEY, PAMELA, J, ,	
Full Name	,7373 W SAGINAW HIGHWAY	
Mailing Address		
	PO BOX 30960	
	LANSING	48909-8460
Title or Position	CITY STATE	ZIP CODE
SR ACCOUNTANT	, 517	679 5431
	Telephone number	
8. <b>Treasurer:</b> List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; ar .g., assistant treasurer).	nd the name and address of
Full Name PIGG	OTT, SCOTT, , ,	
of Treasurer		
Mailing Address	7373 W SAGINAW HWY	
	BOX 30960	
	LANSING	48909
	CITY STATE	ZIP CODE
Title or Position COO/CEO	, 517	323   6588

517

Telephone number

323

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Full Name of Designated	SMEGO, MATTHEW, , ,	
Agent  Mailing Address	7373 W SAGINAW HWY	
	LANSING MI 48917	. [-]
	CITY STATE ZIF	P CODE
Title or Position SECRETARY		
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.  Depository, etc.	ecounts, rents
safety deposit bo	Depository, etc.	ocounts, rents
safety deposit bo	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION	counts, rents
safety deposit bo	Depository, etc.	counts, rents
safety deposit bo Name of Bank, I	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION	counts, rents
safety deposit be Name of Bank, I	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION	
safety deposit be Name of Bank, I	P.O. BOX 30960  LANSING  MI  48909-8460	
safety deposit be Name of Bank, I	P.O. BOX 30960  LANSING  CITY  STATE  ZIF	
safety deposit be Name of Bank, I	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION  P.O. BOX 30960  LANSING  CITY  STATE  ZIF  Depository, etc.	
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION  P.O. BOX 30960  LANSING  CITY  STATE  ZIF  Depository, etc.	
safety deposit be Name of Bank, I	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION  P.O. BOX 30960  LANSING  CITY  STATE  ZIF  Depository, etc.	
Name of Bank, I	Depository, etc.  FARM BUREAU FAMILY CREDIT UNION  P.O. BOX 30960  LANSING  CITY  STATE  ZIF  Depository, etc.	