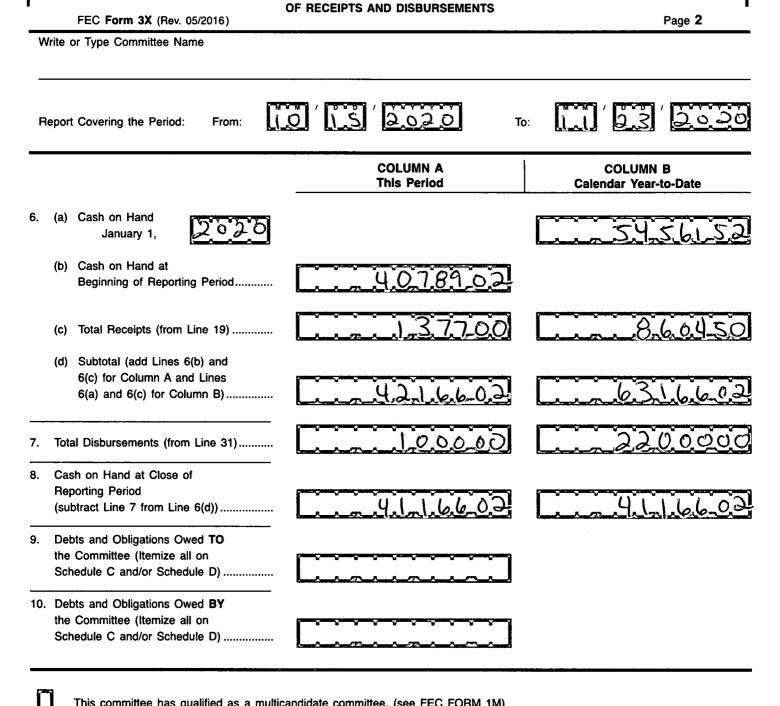
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5. Covering Period 5. Covering Period 1 certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.								
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SUMMARY PAGE

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

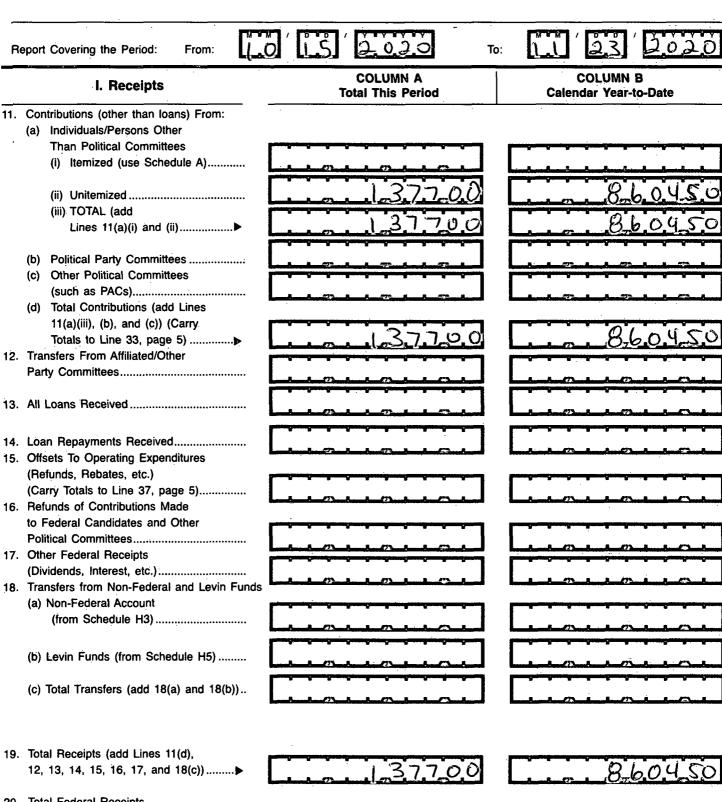
For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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Write or Type Committee Name



DETAILED SUMMARY PAGE of Receipts

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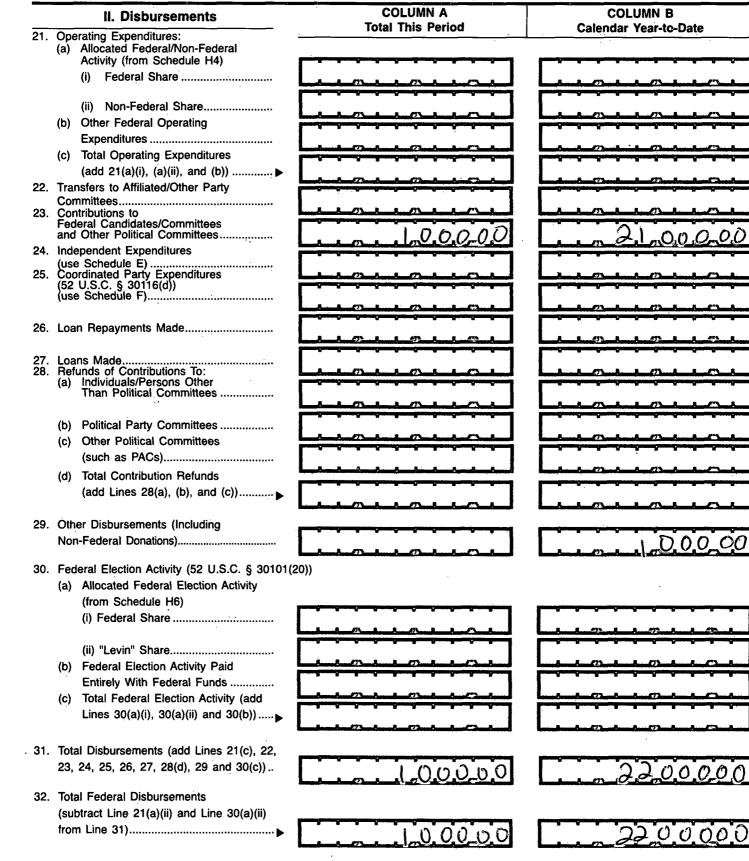
Page 3

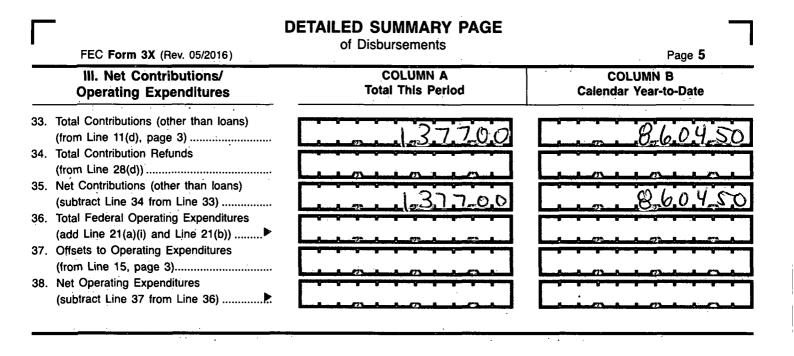
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FEC Form 3X (Rev. 05/2016)

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P.O. Box 64370 | St. Paul, MN | 55164-0370 Minnesota Farm Bureau® Farmers • Families • Food 3016 5892 646T TOOO O4EO Washington, DC 20463 1050 First Street NE Lecleral Election Commission 2020 DEC 10 PM 12: 43 FEC MAI NEOPOST 12/03/2020 US120512020 041 110

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