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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Minnesota Farm Bureau Federation PAC

ADDRESS (number and street) P O Box 64370 Check if different than previously reported. (ACC) St Paul MN 55164-0370

2. FEC IDENTIFICATION NUMBER C00417675 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2010 through 09/30/2010

I 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 Nancy Petsch Signature of Treasurer Nancy Petsch Date 03/16/2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only grid with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF 2				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Minnesota Farm Bureau Federation PAC

Full Name (Last, First, Middle Initial) <i>Bachman for Congress</i>		Date of Disbursement MM' DD' YYYY <i>09' 23' 2011</i>
Mailing Address <i>PO Box 25950</i>		Amount of Each Disbursement this Period <i>3,500.00</i>
City <i>Woodbury</i>	State <i>MN</i>	
Zip Code <i>55725</i>		Category/Type
Purpose of Disbursement <i>Contribution</i>		
Candidate Name <i>Michelle Bachman</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>MN</i> District: <i>6</i>	

Full Name (Last, First, Middle Initial) <i>Crawak for Congress</i>		Date of Disbursement MM' DD' YYYY <i>09' 23' 2010</i>
Mailing Address <i>PO Box 951</i>		Amount of Each Disbursement this Period <i>2,000.-</i>
City <i>North Branch</i>	State <i>MN</i>	
Zip Code <i>55056</i>		Category/Type
Purpose of Disbursement <i>Contribution</i>		
Candidate Name <i>Chip Crawak</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>MN</i> District: <i>8</i>	

Full Name (Last, First, Middle Initial) <i>Friends of Erik Paulsen</i>		Date of Disbursement MM' DD' YYYY <i>09' 23' 2010</i>
Mailing Address <i>PO Box 44369</i>		Amount of Each Disbursement this Period <i>3,000.-</i>
City <i>Eden Prairie</i>	State <i>MN</i>	
Zip Code <i>55344</i>		Category/Type
Purpose of Disbursement <i>Contribution</i>		
Candidate Name <i>Erik Paulsen</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <i>MN</i> District: <i>3</i>	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 2				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full)
Minnesota Farm Bureau Federation PAC

A. Full Name (Last, First, Middle Initial) *Kline for Congress* Date of Disbursement *09' 23' 2010*

Mailing Address *101 W Burnsville Pkwy Suite 104*

City *Burnsville* State *MN* Zip Code *55337*

Purpose of Disbursement *Contribution*

Candidate Name *John Kline* Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: *MN* District: *2*

Amount of Each Disbursement this Period *4000.-*

B. Full Name (Last, First, Middle Initial) *Minnesota Farm Bureau* Date of Disbursement *09' 29' 2010*

Mailing Address *PO Box 64370*

City *St. Paul* State *MN* Zip Code *55164-0370*

Purpose of Disbursement *CEC Meeting Room Rental*

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: District:

Amount of Each Disbursement this Period *300.-*

C. Full Name (Last, First, Middle Initial) *Peterson for Congress* Date of Disbursement *09' 23' 2010*

Mailing Address *PO Box 625*

City *Detroit Lakes* State *MN* Zip Code *56502*

Purpose of Disbursement *Contribution*

Candidate Name *Collin Peterson* Category/Type

Office Sought: House Senate President Disbursement For: Primary General Other (specify) *▼*

State: *MN* District: *7*

Amount of Each Disbursement this Period *5,000.-*

SUBTOTAL of Disbursements This Page (optional) *17,800.-*

TOTAL This Period (last page this line number only) *17,800.-*

1103059534

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

John W
 PREPARER

4/8/11
 DATE PREPARED

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