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May 6, 2010

FEDERAL ELECTION COMMISSION  
999 E Street N.W.  
Washington D.C., 20463

Reference: Farmers Educational & Cooperative Union of America Rocky Mountain Division  
(Rural Pac) FEC Number: C00478743

Dear Sir or Madame:

We are enclosing our amended statement of organization as well as our first report. I was advised by your office to explain our beginning balance of \$450.75

Our original Rural Pac was closed by the Federal Election Commission for administrative purposes due to inactivity. The balance we are coming forward with is the remainder of the balance left in our former Rural Pac. Please be advised all funds are federally permissible.

Feel free to contact me directly if there are any questions regarding our filing or amended statement of organization.

Thank you for your assistance.

ROCKY MOUNTAIN FARMERS UNION (RURAL PAC)

Mary K. Mahon  
Assistant Treasurer

10030324742

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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FARMERS EDUCATIONAL & COOPERATIVE UNION OF AMERICA ROCKY MTN DIVISION (RURAL PAC)

ADDRESS (number and street) 5655 S YOSEMITE #470

(Check if address is changed) GREENWOOD VILLAGE CO BOWLING

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) MAHON@FUSAINSURANCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 05 ' 04 ' 2010

3. FEC IDENTIFICATION NUMBER C 00478743

4. 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.

Type or Print Name of Treasurer ASST MARY MAHON

Signature of Treasurer ASST.  Date 05 ' 04 ' 2010

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.

10030324743

5. TYPE OF COMMITTEE

Candidate 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 the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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 more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name FARMERS EDUCATIONAL & COOPERATIVE UNION OF AMERICA ROCKY MTN DIVISION (RURAL PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

FARMERS EDUCATIONAL & COOPERATIVE UNION OF AMERICA ROCKY MTN DIVISION (RURAL PAC)

Mailing Address

5655 S VASEMITE #470

GREENWOOD VILLAGE

CO

80111

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

MARY MAHON

Mailing Address

5655 S VASEMITE #470

GREENWOOD VILLAGE

CO

80111

Title or Position

CITY

STATE

ZIP CODE

ASST. TREASURER

Telephone number

303-283-1352

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

HELAND SWANSON

Mailing Address

5655 S VASEMITE #470

GREENWOOD VILLAGE

CO

80111

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

303-283-1353

10030324745

Full Name of Designated Agent

MARIC MAHON

Mailing Address

5655 S. YOSEMITE #400

GREENWOOD VILLAGE

CO

80111

CITY

STATE

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

303-283-3540

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FARMERS UNION FEDERAL CREDIT UNION

Mailing Address

5619 DTC BLVD #B-120

GREENWOOD VILLAGE

CO

80111

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030324746

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"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JMS*

PREPARER  
(3/2005)

*5/11/10*  
DATE PREPARED

10030324747