

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2020 OCT 22 AM 8:37  
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) PO BOX 104370

Check if different than previously reported. (ACC) ST PAUL MN 55116A-0370

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00417075

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- 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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on MM / DD / YYYYYY in the State of  

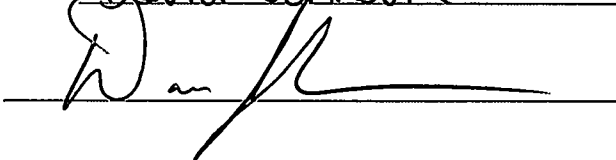
- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on MM / DD / YYYYYY in the State of  

5. Covering Period MM / DD / YYYYYY through MM / DD / YYYYYY

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 David Johnson

Signature of Treasurer 

Date MM / DD / YYYYYY 10 / 14 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 

|    |    |
|----|----|
| M  | M  |
| 07 | 01 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 2 | 0 |

 To: 

|    |    |
|----|----|
| M  | M  |
| 09 | 30 |

 / 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 2 | 0 |

|  | COLUMN A<br>This Period   | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6. (a) Cash on Hand<br>January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>2</td><td>0</td></tr></table> | Y   | Y                                 | Y | Y | 2 | 0 | 2 | 0 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>4</td><td>5</td><td>6</td><td>1</td><td>5</td><td>2</td></tr></table> | 5 | 4 | 5 | 6 | 1 | 5 | 2 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>4</td><td>5</td><td>6</td><td>1</td><td>5</td><td>2</td></tr></table> | 5 | 4 | 5 | 6 | 1 | 5 | 2 |
| Y  | Y   | Y                                 | Y |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0   | 2                                 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 4   | 5                                 | 6 | 1 | 5 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 4   | 5                                 | 6 | 1 | 5 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>9</td><td>3</td><td>4</td><td>0</td><td>0</td><td>2</td></tr></table> | 5                                 | 9 | 3 | 4 | 0 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 9   | 3                                 | 4 | 0 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (c) Total Receipts (from Line 19).....   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>4</td><td>4</td><td>9</td><td>0</td><td>0</td><td></td></tr></table>  | 2                                 | 4 | 4 | 9 | 0 | 0 |   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>7</td><td>2</td><td>2</td><td>7</td><td>5</td><td>0</td><td></td></tr></table>  | 7 | 2 | 2 | 7 | 5 | 0 |   |   |   |   |   |   |   |   |   |
| 2  | 4   | 4                                 | 9 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7  | 2   | 2                                 | 7 | 5 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>1</td><td>7</td><td>8</td><td>9</td><td>0</td><td>2</td></tr></table> | 6                                 | 1 | 7 | 8 | 9 | 0 | 2 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>1</td><td>7</td><td>8</td><td>9</td><td>0</td><td>2</td></tr></table> | 6 | 1 | 7 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |
| 6  | 1   | 7                                 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 1   | 7                                 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7. Total Disbursements (from Line 31).....   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>  | 6                                 | 0 | 0 | 0 | 0 | 0 |   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>6</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></table>  | 6 | 0 | 0 | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |
| 6  | 0   | 0                                 | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6  | 0   | 0                                 | 0 | 0 | 0 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>5</td><td>7</td><td>8</td><td>9</td><td>0</td><td>2</td></tr></table> | 5                                 | 5 | 7 | 8 | 9 | 0 | 2 | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>5</td><td>7</td><td>8</td><td>9</td><td>0</td><td>2</td></tr></table> | 5 | 5 | 7 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |
| 5  | 5   | 7                                 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5  | 5   | 7                                 | 8 | 9 | 0 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....   | <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2020 To: MM / DD / YYYY 09 / 30 / 2020

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|   |          |          |
|---|----------|----------|
| 11. Contributions (other than loans) From:  |          |          |
| (a) Individuals/Persons Other Than Political Committees   |          |          |
| (i) Itemized (use Schedule A).....  |          |          |
| (ii) Unitemized .....   | 2,449.00 | 7,227.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 2,449.00 | 7,227.50 |
| (b) Political Party Committees .....  |          |          |
| (c) Other Political Committees (such as PACs).....  |          |          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  | 2,449.00 | 7,227.50 |
| 12. Transfers From Affiliated/Other Party Committees.....   |          |          |
| 13. All Loans Received .....  |          |          |
| 14. Loan Repayments Received.....   |          |          |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... |          |          |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           |          |          |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   |          |          |
| 18. Transfers from Non-Federal and Levin Funds  |          |          |
| (a) Non-Federal Account (from Schedule H3).....   |          |          |
| (b) Levin Funds (from Schedule H5).....   |          |          |
| (c) Total Transfers (add 18(a) and 18(b))..   |          |          |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 2,449.00 | 7,227.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   |          |          |

UNIONBANK

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|   |          |          |
|---|----------|----------|
| 21. Operating Expenditures:   |          |          |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                   |          |          |
| (i) Federal Share .....   |          |          |
| (ii) Non-Federal Share .....  |          |          |
| (b) Other Federal Operating Expenditures .....  |          |          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                         |          |          |
| 22. Transfers to Affiliated/Other Party Committees .....  |          |          |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees .....         | 5,000.00 | 5,000.00 |
| 24. Independent Expenditures (use Schedule E) .....   |          |          |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....                |          |          |
| 26. Loan Repayments Made .....  |          |          |
| 27. Loans Made .....  |          |          |
| 28. Refunds of Contributions To:  |          |          |
| (a) Individuals/Persons Other Than Political Committees .....                                   |          |          |
| (b) Political Party Committees .....  |          |          |
| (c) Other Political Committees (such as PACs) .....   |          |          |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            |          |          |
| 29. Other Disbursements (Including Non-Federal Donations) .....                                 | 1,000.00 | 1,000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))   |          |          |
| (a) Allocated Federal Election Activity (from Schedule H6)                                      |          |          |
| (i) Federal Share .....   |          |          |
| (ii) "Levin" Share .....  |          |          |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            |          |          |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....             |          |          |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..       | 6,000.00 | 6,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ..... | 6,000.00 | 6,000.00 |

DISBURSEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 2,449.00                      | 7,227.50                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 2,449.00                      | 7,227.50                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... |                               |                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              |                               |                                   |

NONUNION IOWA IOWA IOWA IOWA



**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 |
|   | <input type="checkbox"/> 21b      | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |      |    |
|   | <input type="checkbox"/> 28a      | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |      |    |

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**

**A.** Full Name (Last, First, Middle Initial)  
**Peterson for Congress**

Date of Disbursement: **09 / 17 / 2020**

Mailing Address: **PO Box 265**

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

Purpose of Disbursement: **Campaign Contribution**

Candidate Name: **Collin Peterson** Category/Type:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: **MN** District: **07**

FEC Identification Number: **C000417675**

Amount of Each Disbursement this Period: **5,000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Idea Ag**

Date of Disbursement: **08 / 17 / 2020**

Mailing Address: **3880 Espanola Place**

City: **Eagan** State: **MN** Zip Code: **55121**

Purpose of Disbursement: **Candidate Forum**

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:

District:

FEC Identification Number: **C000417675**

Amount of Each Disbursement this Period: **1,000.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Date of Disbursement:

Mailing Address:

City:  State:  Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State:  District:

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **6,000.00**

**TOTAL** This Period (last page this line number only).....▶ **6,000.00**

COLLECTIBLE MAIL



5400 University Avenue  
West Des Moines, Iowa 50266-5997



7016 0340 0001 1949 2876

NEOPOST FIRST-CLASS MAIL  
10/15/2020  
US POSTAGE \$006.90<sup>00</sup>

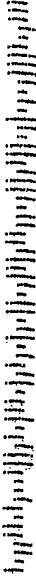


ZIP 55121  
041M11450049

*Federal Election Commission  
1050 First Street NE  
Washington, DC 20403*

RECEIVED  
FEC MAIL CENTER

2020 OCT 22 AM 8:37



2000288889 0062

999-250 (0714)



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.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked<br>Date of Receipt                       |
| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br><i>10/15/20</i>                 |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input 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                       |

  
 PREPARER

*10/27/20*  
 DATE PREPARED

COMMUNICATIONS SECTION