

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2013 MAY 16 AM 7:43

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

12 FEB 4 M5 12 PM '13 FEC MAIL CENTER

Minnesota Farm Bureau Federation P.A.C.

ADDRESS (number and street)

P.O. Box 64370

(Check if address is changed)

St Paul CITY

MN STATE

55164-0370 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Amber.Hanson@fbmn.org

Optional Second E-Mail Address

Susan.duncomb@fbmn.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.fbmn.org

2. DATE

04/02/2013

3. FEC IDENTIFICATION NUMBER

C00417675

4. IS THIS STATEMENT

(X) NEW (N)

OR

( ) AMENDED (A)

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

Signature of Treasurer

Date

04/02/2013

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.

Office Use Only

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

FEC FORM 1 (Revised 06/2012)

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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

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

Susan Duncomb

Mailing Address

P.O. Box 64370  
St Paul MN 55164-0370

Title or Position

CITY

STATE

ZIP CODE

Support Staff

Telephone number

651-768-2151

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

Amber Hanson

Mailing Address

P.O. Box 64370  
St Paul MN 55164-0370

Title or Position

CITY

STATE

ZIP CODE

Associate Director

Telephone number

651-768-2103

13031070935

Full Name of Designated Agent

[Empty grid for name]

Mailing Address

[Empty grid for address line 1]

[Empty grid for address line 2]

[Empty grid for address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for title]

Telephone number

[Empty grid for phone number]

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.

Wells Fargo

Mailing Address

55 E 5th St

[Empty grid for address line 2]

St Paul MN 55101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for name]

Mailing Address

[Empty grid for address line 1]

[Empty grid for address line 2]

[Empty grid for address line 3]

CITY

STATE

ZIP CODE

13031070936

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): Shipping Date  
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Other (Specify): Date of Receipt or Postmarked

*Amv*  
PREPARER

5/16/13  
DATE PREPARED

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