Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MICHIGAN FARM BUREAU POLITICAL ACTION COMMIT 7373 W. SAGINAW HIGHWAY ADDRESS (number and street) P.O. BOX 30960 (Check if address is changed) LANSING 48917-7900 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MSMEGO@MICHFB.COM (Check if address is changed) Optional Second E-Mail Address MFBACCTG@MICHFB.COM COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00096362 FEC IDENTIFICATION NUMBER > 3. X 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. PIGGOTT, SCOTT, , , Type or Print Name of Treasurer PIGGOTT, SCOTT, , , [Electronically Filed] 03 08 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEC Eo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	raye z				
Can	ndidate	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.)					
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	Party Committee:						
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 fun 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.)					
Join	t Func	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Na	ame	
MICHIGAN FA	ARM BUREAU POLITICAL ACTION	COMMITTEE
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representati	ive, or Leadership PAC Sponsor
MICHIGAN FARM E	BUREAU	
Mailing Address	7373 W. SAGINAW HWY.,	
Walling Address	P.O. BOX 30960	
	LANSING	48909-8460
	CITY STATE	ZIP CODE
		_
Relationship: X Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Full Name	EY, AMANDA, J, , 7373 W SAGINAW HIGHWAY PO BOX 30960 LANSING MI CITY STATE	48909-8460 ZIP CODE
Title or Position	CITY STATE	ZIP CODE
FINANCIAL ANALYST	Telephone number	517 - 679 - 5423
8. Treasurer : List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	tee; and the name and address of
	DTT, SCOTT, , ,	1
of Treasurer	ı7373 W SAGINAW HWY	
Mailing Address	IBOX 30960	
	LANSING MI CITY STATE	ZIP CODE
Title or Position , COO/CEO	3 Sinte	517 323 6588

517

Telephone number

323

6588

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		•
Full Name of Designated	SMEGO, MATTHEW, , ,	1
Agent	₁ 7373 W SAGINAW HWY	
Mailing Address		
	LANSING MI 48917	
	CITY STATE ZIP (CODE
Title or Position SECRETARY		_ 5342
Name of Bank, Mailing Address	FARM BUREAU FAMILY CREDIT UNION P.O. BOX 30960	
	A2000 9460	
	LANSING MI 148909-8460	
	CITY STATE ZIP	CODE
Name of Bank,	Depository, etc.	
		1
Mailing Address		
	CITY STATE ZIP	CODE