

# Farmers Alliance

Insuring Rural America Since 1888

RECEIVED  
FEC MAILCENTER

2023 JUN 20 AM 11:45

May 17, 2023

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

RE: Updated Statement of Organization

Enclosed for your review is the amended Statement of Organization. The amendment has been submitted due to the appointment of a new Treasurer, Aaron J. Valentine. The previous treasurer, W. Paul Taliaferro, has retired.

No other changes have been made.

Please contact me if you have any questions or concerns.

Sincerely,



Aaron J. Valentine, CPA, CPCU  
Treasurer

1122 N. Main, P.O. Box 1401 • McPherson, KS 67460  
620.241.2200 • fax 620.241.5482 • www.fami.com  
Farmers Alliance Mutual Insurance Company  
Alliance Indemnity Company • Alliance Insurance Company, Inc.

NONPROFIT CORPORATION

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

checkbox

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Farmers Alliance Mutual Insurance Company FED-PAG

ADDRESS (number and street)

1122 North Main Street

checkbox

(Check if address is changed)

McPherson

CITY

KS

STATE

67460

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

checkbox

(Check if address is changed)

aaron-valentine@fami.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

checkbox

(Check if address is changed)

2. DATE

05 / 17 / 2023

3. FEC IDENTIFICATION NUMBER

C00404863

4. IS THIS STATEMENT

checkbox

NEW (N)

OR

checkbox checked

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 Aaron J. Valentine

Signature of Treasurer

[Handwritten Signature]

Date

05 / 17 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 03/2022)

NON-FEDERAL CAMPAIGN FINANCING

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.)
- (g)  This committee is an independent expenditure-only political committee (Super PAC).
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
  - In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i)  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.
- (j)  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. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

NON-PROFIT CORPORATION

Write or Type Committee Name

Farmers Alliance Mutual Insurance Company FED-PAC

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 Organization  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

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

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

Aaron J. Valentine

Mailing Address

1122 North Main Street  
McPherson KS 67460

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

620 - 241 - 2200

NONDISCRIMINATION NOTICE

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for Telephone 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.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

20250310 10:00:00 AM





FORM 400 (4/2023)

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 checked="" type="checkbox"/> USPS First Class Mail		Date of Receipt <i>05-16-2023</i>
<input type="checkbox"/> USPS Registered/Certified		Postmarked (R/C)
<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	Date of Receipt
	Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received via FAX		Date of Receipt
<input type="checkbox"/> Received via Email		Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office		Date of Receipt
<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
<i>Bew</i> PREPARER (4/2023)		<i>06-20-2023</i> DATE PREPARED