FEC

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mississippi Farm Bureau Federation Furthering Agriculture for Rural Mississippians Fund PAC (MFBF FARM Fund PAC) 800 Maine Ave, SW ADDRESS (number and street) 7th Floor (Check if address is changed) Washington 20024 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS agomez@cgagroup.com (Check if address is changed) Optional Second E-Mail Address sbattista@cgagroup.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://msfb.org/ (Check if address is changed) DATE 2019 C00730903 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. Bloodworth, Kent, , , Type or Print Name of Treasurer Bloodworth, Kent,,, [Electronically Filed] 12 13 2019 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 Only Local 202-694-1100

EEC	Form 1 (Revised 02/2000)	Page 2
	Form 1 (Revised 02/2009) COMMITTEE	raye Z
Candid	ate 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. (Cominformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affi	55	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)		(Democratic, Republican, etc.) Party
Politica	I Action Committee (PAC):	
(e) x		nected organization is
_	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 se committee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
C	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number C	
3.	FEC ID number	
4.		

FEC Form 1 (Rev	vised 02/2009)	Page 3
Write or Type Committee		-
Mississippi Farm Bure	eau Federation Furthering Agriculture for Rural Mississippians Fund PAC (M	IFBF FARM Fund PAC
6. Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Mississippi Farm E	Bureau Federation	
Mailing Address	6311 Ridgewood Rd.	
ű		
	Jackson MS 392	11
	CITY STATE	ZIP CODE
. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the person ir	n possession of committee
Batti Full Name	ista, Suzanne, , ,	
Mailing Address	800 Maine Ave, SW	
	Washington DC 200	24
Title or Position	CITY STATE	ZIP CODE
VP, Finance & Direct	Telephone number 202	- 448 - 9521
. Treasurer: List the nan any designated agent (me and address (phone number optional) of the treasurer of the committee; and the (e.g., assistant treasurer).	e name and address of
Full Name Blood of Treasurer	dworth, Kent, , ,	
Mailing Address	6311 Ridgewood Rd.	
	Jackson MS 392	ZIP CODE
Title or Position	1 601 L	977 4104
	Telephone number	

FEC Form 1 ((Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Depos		
Name of Bank, Depos		
Name of Bank, Depos	nited Bank 1001 Wisconsin Ave, NW Washington DC 20007	7ID CODE
Name of Bank, Deport	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE
Name of Bank, Depor	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE
Name of Bank, Depor	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE
Name of Bank, Deport	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE
Name of Bank, Depor	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	nited Bank 1001 Wisconsin Ave, NW Washington CITY STATE	ZIP CODE