

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 455 315 NORTH BROADWAY
 Check if different than previously reported. (ACC)
NEW ULM MN 56073

2. **FEC IDENTIFICATION NUMBER** C00330696
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 12 01 2009 through 12 31 2009

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 Sheryl Doering Meshke

Signature of Treasurer Electronically Filed by Sheryl Doering Meshke Date 01 28 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		369642.32
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	387688.59									
(c) Total Receipts (from Line 19)	5615.38	56286.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	393303.97	425928.96								
7. Total Disbursements (from Line 31)	13290.72	45915.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380013.25	380013.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	590.00	8127.45
(ii) Unitemized	3339.56	38539.90
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3929.56	46667.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3929.56	46667.35
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1685.82	9619.29
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5615.38	56286.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5615.38	56286.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	790.72	11164.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	790.72	11164.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	34000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	750.77
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13290.72	45915.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13290.72	45915.71

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3929.56	46667.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3929.56	46667.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	790.72	11164.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	790.72	11164.94

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 19

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Gary Bauer

Mailing Address N6294 County Road V

City State Zip Code
Durand WI 54736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6215

Amount of Each Receipt this Period

20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
David G Brueggen

Mailing Address 29649 Odyssey

City State Zip Code
Cashton WI 54619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6213

Amount of Each Receipt this Period

20.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
James Daley

Mailing Address 5823 Cty Road 103 NW

City State Zip Code
Byron MN 55920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6204

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ron Durst

Mailing Address RR 1 Box 189

City State Zip Code
Kasson MN 55944

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 12 / 20 / 2009
Transaction ID: SA11AI.6196
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Joel & Susan Sybesma Dutch Made Dairy

Mailing Address 36629 269TH Street

City State Zip Code
Platte SD 57369

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 20 / 2009
Transaction ID: SA11AI.6210
Amount of Each Receipt this Period: 20.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
John Grafenberg

Mailing Address 27628 Lincoln Road

City State Zip Code
West Union IA 52175

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 20 / 2009
Transaction ID: SA11AI.6205
Amount of Each Receipt this Period: 25.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Ronald L Guenther

Mailing Address 1540 Hwy 51

City Bancroft State NE Zip Code 68004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.6198
Amount of Each Receipt this Period 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Dale Haverkamp

Mailing Address 1349 Teal Avenue

City Sumner State IA Zip Code 50674

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.6211
Amount of Each Receipt this Period 20.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Dale or Judy Hoffman

Mailing Address 17965 320th Avenue

City Waseca State MN Zip Code 56093

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.6208
Amount of Each Receipt this Period 20.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Tim Holden Farms</p> <p>Mailing Address 228 West Elmore Street</p> <p>City State Zip Code Manly IA 50456</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Dairy Farmer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2009</p> <p>Transaction ID: SA11AI.6212</p> <p>Amount of Each Receipt this Period 20.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) Thomas Hoscheit Farms</p> <p>Mailing Address RR 1 Box 31</p> <p>City State Zip Code Caledonia MN 55921</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Dairy Farmer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2009</p> <p>Transaction ID: SA11AI.6209</p> <p>Amount of Each Receipt this Period 20.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) David G Hulscher</p> <p>Mailing Address RR1 Box 137</p> <p>City State Zip Code Goodwin SD 57238</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Employed Occupation Self Employed Dairy Farmer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 12 20 2009</p> <p>Transaction ID: SA11AI.6203</p> <p>Amount of Each Receipt this Period 25.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	65.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 19
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Philip J Johnson

Mailing Address N7232 County Road D

City State Zip Code
Holmen WI 54636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6194

Amount of Each Receipt this Period
20.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Bruce W Maas

Mailing Address 16659 200 Street

City State Zip Code
Walnut Grove MN 56073

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6207

Amount of Each Receipt this Period
15.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Dwight Magedanz

Mailing Address RT 1 Box 359

City State Zip Code
Reville SD 57259

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6206

Amount of Each Receipt this Period
20.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **55.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Desmond Miller

Mailing Address 44985 281ST Street

City State Zip Code
Parker SD 57053

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6201

Amount of Each Receipt this Period
15.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Joel and/or Sarah Pettit

Mailing Address 15361 440th Street

City State Zip Code
Zumbrota MN 55992

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6195

Amount of Each Receipt this Period
55.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Bill Rowekamp

Mailing Address Rt 2 Box 13

City State Zip Code
Lewiston MN 55952

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.6197

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DAVID SEDERHOLM		Date of Receipt
	Mailing Address RR 1 BOX 255		<input type="text" value="12"/> <input type="text" value="20"/> <input type="text" value="2009"/>
	City	State	Zip Code
	HIGH BRIDGE	WI	54846
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer SELF EMPLOYED		Occupation DAIRY FARMER	Transaction ID: SA11AI.6216
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	Amount of Each Receipt this Period <input type="text" value="20.00"/>
			CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) David H Sullivan		Date of Receipt
	Mailing Address 1614 100TH Street		<input type="text" value="12"/> <input type="text" value="20"/> <input type="text" value="2009"/>
	City	State	Zip Code
	Oelwein	IA	50662
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Dairy Farmer	Transaction ID: SA11AI.6200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="25.00"/>
			CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) Dan and or Jim Thyen		Date of Receipt
	Mailing Address Box 49		<input type="text" value="12"/> <input type="text" value="20"/> <input type="text" value="2009"/>
	City	State	Zip Code
	Waverly	SD	57202
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self Employed		Occupation Dairy Farmer	Transaction ID: SA11AI.6199
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
			CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 19	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Paul or Shirley Toft		Date of Receipt																					
	Mailing Address 1756 25th Avenue		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	0		2	0	0	9														
	City State Zip Code Rice Lake WI 54868		Transaction ID: SA11AI.6202																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Self Employed		Occupation Dairy Farmer																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00																						

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL This Period (last page this line number only)	▶	590.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Alliance Bank		Date of Receipt
	Mailing Address 322 N Minnesota Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	New Ulm	MN	56073
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.6218
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1666.45"/>
		<input type="text" value="2445.67"/>	CD INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) U.S. Bank Mankato		Date of Receipt
	Mailing Address P.O. Box 548		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mankato	MN	56001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.6217
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="19.37"/>
		<input type="text" value="223.48"/>	CD INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1685.82"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1685.82"/>

**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 15 / 19

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) AMPI Mailing Address P.O. Box 455 315 North Broadway City New Ulm State MN Zip Code 56073 Purpose of Disbursement DEC-09 OPERATING EXPENSES Candidate Name	Transaction ID: SB21B.6219 Date of Disbursement 12 / 31 / 2009 Amount of Each Disbursement this Period 505.72
B. Full Name (Last, First, Middle Initial) MN Dept of Revenue Mailing Address Estimated Tax for Nonprofits City St Paul State MN Zip Code 55415 Purpose of Disbursement 2009 4TH QTR MN ESTIMATE Candidate Name	Transaction ID: SB21B.6220 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 285.00

SUBTOTAL of Disbursements This Page (optional) ▶

790.72

TOTAL This Period (last page this line number only) ▶

790.72

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 16 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Adrian Smith for Congress</p> <p>Mailing Address P O Box 16021</p> <p>City Alexandria State VA Zip Code 22302</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Adrian Smith for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6231</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) A Lot of People for Dave Obey</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name A Lot of People for Dave Obey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6232</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Boswell for Congress</p> <p>Mailing Address 301 4th Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Boswell for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6229</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Chambliss for Senate</p> <p>Mailing Address P O Box 12469</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Chambliss for Senate</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6222</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Feingold Senate Committee</p> <p>Mailing Address P.O. Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Feingold Senate Committee</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6233</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Mailing Address 18 N. SECOND ST., BOX 37 PO BOX 37</p> <p>City SAINT CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6227</p> <p>Date of Disbursement 12 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Friends of John Thune <hr/> Mailing Address 2555 Pennsylvania Avenue Suite 908 <hr/> City Washington State DC Zip Code 20037 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name Friends of John Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6224 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GILLIBRAND FOR SENATE <hr/> Mailing Address P.O. Box 15734 <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name GILLIBRAND FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6221 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Kagen For Congress <hr/> Mailing Address 100 W College Avenue Suite 50D <hr/> City Appleton State WI Zip Code 54911 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name Kagen For Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6226 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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NAME OF COMMITTEE (In Full)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) King for Congress Mailing Address P O Box 125 City Early State IA Zip Code 50535 Purpose of Disbursement CONTRIBUTION Candidate Name King for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6230 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Klobuchar for Minnesota Mailing Address 10 G Street NE Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name Klobuchar for Minnesota Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6223 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Peterson for Congress Mailing Address 236 Massachusetts Ave NE Suite 508 City Washington State DC Zip Code 20002 Purpose of Disbursement CONTRIBUTION Candidate Name Peterson for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6225 Date of Disbursement 12 / 11 / 2009
	Amount of Each Disbursement this Period 1500.00

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	12500.00