

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 NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

ADDRESS (number and street) 2101 WILSON BOULEVARD SUITE 400 Check if different than previously reported. (ACC) Arlington VA 22201

2. FEC IDENTIFICATION NUMBER C00325324 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2009 through 09 30 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 Dana Brooks

Signature of Treasurer Electronically Filed by Dana Brooks Date 02 17 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 table with 8 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

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		3844.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	11144.17									
(c) Total Receipts (from Line 19) .....	1052.50	56032.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12196.67	59876.35								
7. Total Disbursements (from Line 31) .....	8299.00	55978.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3897.67	3897.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	9

D	D
3	0

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) .....	1000.00	29970.00
(ii) Unitemized .....	52.50	4062.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1052.50	34032.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1052.50	56032.00
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.) .....	0.00	0.00
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)) .....	1052.50	56032.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1052.50	56032.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	49.00	453.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	49.00	453.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8250.00	55525.00
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	0.00
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))..	8299.00	55978.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8299.00	55978.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1052.50	56032.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1052.50	56032.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49.00	453.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	49.00	453.59

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

**A.** Full Name (Last, First, Middle Initial)  
Jamie Jonker

Mailing Address 2101 Wilson Blvd  
Suite 400

City Arlington State VA Zip Code 22201-3062

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

Name of Employer National Milk Producers Federation  
Occupation Director, Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 21 / 2009  
**Transaction ID: AA38B59C2381046378E2**  
 Amount of Each Receipt this Period 90.00

**B.** Full Name (Last, First, Middle Initial)  
Dana Brooks

Mailing Address 401 13th Street, NE  
110

City Washington State DC Zip Code 20002

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

Name of Employer Information Requested  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID: A56A0C85F8CB044C69C3**  
 Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Shawna Morris

Mailing Address 3015 Nicosh Circle  
# 2310

City Falls Church State VA Zip Code 22042

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

Name of Employer National Milk Producers Federation  
Occupation Trade Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID: A74B74204B90248A688E**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 / 13  
(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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Galen	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 3467a S. Stafford St	<b>Transaction ID:</b> A64C283B12CA940E48CB
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Milk Producers Federation	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Tom Balmer	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 1303 Hancock Ave	<b>Transaction ID:</b> AD30C631FB60842DEBB0
	City State Zip Code Alexandra VA 22301	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Milk Producers Federation	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1328.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Tillison	Date of Receipt MM / DD / YYYY 09 / 30 / 2009
	Mailing Address 13951 Real Quite Ct	<b>Transaction ID:</b> AB2DAC19CEFE449338B5
	City State Zip Code Gainsville VA 20155	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer National Milk Producers Federation	Occupation Sr. Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1435.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>326.00</b>
<b>TOTAL</b> 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 8 / 13
	<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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Knigge		Date of Receipt	
	Mailing Address 908 N. Wayne St Apt 304		M M / D D / Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> A9225CDF13D9E4C21BB6
	Arlington	VA	22201-5916	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		24.00		
Name of Employer National Milk Producers Federation		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerry Kozak		Date of Receipt	
	Mailing Address 9844 Palace Green Way		M M / D D / Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> AAFF884E40EC941C2B88
	Vienna	VA	22181	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer National Milk Producers Federation		Occupation Ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Vitaliano		Date of Receipt	
	Mailing Address 6306 N. 28th St		M M / D D / Y Y Y Y 09 / 30 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> AEA96917248C2488897F
	Arlington	VA	22207	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00		
Name of Employer National Milk Producers Federation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	374.00
<b>TOTAL</b> 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 9 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

**A.** Full Name (Last, First, Middle Initial)  
Roger Cryan

Mailing Address 9367 Tovito Dr

City State Zip Code  
Fairfax VA 22031

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

Name of Employer: National Milk Producers Federation  
Occupation: Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: AC49B44F009714590AE9**  
 Amount of Each Receipt this Period: 60.00

**B.** Full Name (Last, First, Middle Initial)  
Jaime Castaneda

Mailing Address 1744 Pine Valley Dr

City State Zip Code  
Vienna VA 22182

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

Name of Employer: National Milk Producers Federation  
Occupation: Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: A2D615605589244139E3**  
 Amount of Each Receipt this Period: 90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**TOTAL** This Period (last page this line number only) ..... ► **1000.00**

**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 10 / 13

<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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: B6C6C6126B9AF44A9996
	Mailing Address PO Box 622227	Date of Disbursement 09 / 10 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sun Trust Bank	Transaction ID: B9AE98BC1AC8C4D33BCF
	Mailing Address PO Box 622227	Date of Disbursement 09 / 21 / 2009
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 24.00
	Purpose of Disbursement	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	49.00
<b>TOTAL</b> This Period (last page this line number only) .....	49.00

# 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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Scott Murphy For Congress</p> <p>Mailing Address 615 Glen Street</p> <p>City Glens Falls State NY Zip Code 12801</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B6BF31CFDE0AC460AA14</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blaine For Congress 2010</p> <p>Mailing Address PO BOX 1526</p> <p>City COLUMBIA State MO Zip Code 65205</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: B5CC6523335184D3C946</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO BOX 3197 P O BOX 118</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Transaction ID: BBA4AF245187E4F329D2</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Lot Of People For Dave Obey <hr/> Mailing Address PO BOX 1322 PO BOX 1322 <hr/> City WAUSAU State WI Zip Code 54402 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B5CA00761DF0848A8816 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 9	
	Amount of Each Disbursement this Period <input type="text"/> 500.00	
	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dako <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B42780B609A4448D6A28 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period <input type="text"/> 500.00	
	Full Name (Last, First, Middle Initial) Nelson 2012 <hr/> Mailing Address PO BOX 8666 <hr/> City OMAHA State NE Zip Code 68108 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B38229A0384294C94A25 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 9
Amount of Each Disbursement this Period <input type="text"/> 500.00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

**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)  
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Goodlatte For Congress Committee</p> <p>Mailing Address P.O. Box 292</p> <p>City Roanoke State VA Zip Code 24002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> BBFF8090B2CD641E6864 <b>Date of Disbursement:</b> 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Cong Tim Holden</p> <p>Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37</p> <p>City SAINT CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B8C8CB9731B87459E8AE <b>Date of Disbursement:</b> 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committee</p> <p>Mailing Address PO BOX 6545</p> <p>City VISALIA State CA Zip Code 93290</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p><b>Transaction ID:</b> B10A4C310F81042538AF <b>Date of Disbursement:</b> 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>8250.00</b>