

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00325324

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
Year-End 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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 John Hollay

Signature of Treasurer

John Hollay

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
09 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015 | | 19217.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 20803.23 | |
| (c) Total Receipts (from Line 19) | 3518.84 | 45548.05 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 24322.07 | 64765.69 |
| 7. Total Disbursements (from Line 31) | 3054.90 | 43498.52 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 21267.17 | 21267.17 |
| 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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 09 01 2015

To:

 M M / D D / Y Y Y Y Y
 09 30 2015
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).....

776.00

28348.00

(ii) Unitemized

242.84

2699.56

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1018.84

31047.56

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

14500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

3518.84

45547.56

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

0.49

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 Transfers (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))..... ▶

3518.84

45548.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3518.84

45548.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated 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 | 54.90 | 498.52 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 54.90 | 498.52 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 43000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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) Allocated 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)) .. | 3054.90 | 43498.52 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3054.90 | 43498.52 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 3518.84 | 45547.56 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3518.84 | 45547.56 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 54.90 | 498.52 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.49 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 54.90 | 498.03 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 14
(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)

Full Name (Last, First, Middle Initial)

A. Peter Vitaliano

Mailing Address 6303 North 28th St

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Arlington | VA | 22207-1111 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Milk Producers FederationOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : A83D1D1837B8D4B95823

Amount of Each Receipt this Period

65.00

Full Name (Last, First, Middle Initial)

B. John Hollay

Mailing Address 1021 N. Garfield #222

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Arlington | VA | 22201-2555 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Milk Producers FederationOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : AF741CEB7280249AA962

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

c. Christopher W. Galen

Mailing Address 3903 Shelley Lane

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Annandale | VA | 22003-2234 |

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Milk Producers FederationOccupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 15 | / | 2015 |

Transaction ID : A14E243ACCF7402A948

Amount of Each Receipt this Period

30.00

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

135.00

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 OF 14

(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)

Full Name (Last, First, Middle Initial)

A. Jamie S. Jonker

Mailing Address 1712 Corcoran Street Nw Apt. 1
Apt 1

City State Zip Code
Washington DC 20009-2415

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 ▼

850.00

Date of Receipt

09 / 15 / 2015

Transaction ID : A696A2081053C4E2F821

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Shawna D. Morris

Mailing Address 3 Hickory Hill Court

City State Zip Code
Silver Spring MD 20906-5807

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 ▼

289.00

Date of Receipt

09 / 15 / 2015

Transaction ID : AB32BB481AACC4732BA1

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

C. Jim Mulhern

Mailing Address 8000 Inverness Ridge Rd.

City State Zip Code
Potomac MD 20854-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Milk Producers Federation

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

09 / 15 / 2015

Transaction ID : A91B17526BCE54A00A6B

Amount of Each Receipt this Period

83.00

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

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

150.00

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 8 OF 14

☒ 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)

Full Name (Last, First, Middle Initial)

A. Tom M Balmer

Mailing Address 310 Cloverway Drive

City

Alexandria

State

VA

Zip Code

22314-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1411.00

Date of Receipt

09 / 15 / 2015

Transaction ID : ABDFA30CD6DBE4ED4B7

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Jaime Castaneda

Mailing Address 1805 Abbey Oak Drive

City

Vienna

State

VA

Zip Code

22182-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

09 / 15 / 2015

Transaction ID : A8BEF991CEF8641889D1

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Jaime Castaneda

Mailing Address 1805 Abbey Oak Drive

City

Vienna

State

VA

Zip Code

22182-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 30 / 2015

Transaction ID : A9F681A4B8B784B09B3C

Amount of Each Receipt this Period

20.00

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

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

123.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)

Full Name (Last, First, Middle Initial)

A. Jim Mulhern

Mailing Address 8000 Inverness Ridge Rd.

City

Potomac

State

MD

Zip Code

20854-4011

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Chief Operating Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1577.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : A5CDF48E582A74CC7B88

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

B. Tom M Balmer

Mailing Address 310 Cloverway Drive

City

Alexandria

State

VA

Zip Code

22314-4841

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : A3C33CD148D6643D78AF

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Shawna D. Morris

Mailing Address 3 Hickory Hill Court

City

Silver Spring

State

MD

Zip Code

20906-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Milk Producers Federation

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

306.00

Date of Receipt

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 3 | 0 | | | 2 | 0 | 1 | 5 | | |

Transaction ID : A601B104C67A14BCFB80

Amount of Each Receipt this Period

17.00

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

183.00

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 10 OF 14

☒ 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)

Full Name (Last, First, Middle Initial)

A. Jamie S. Jonker

Mailing Address 1712 Corcoran Street Nw Apt. 1
Apt 1

City State Zip Code
Washington DC 20009-2415

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AC477272000A545CFBD1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Christopher W. Galen

Mailing Address 3903 Shelley Lane

City State Zip Code
Annandale VA 22003-2234

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Milk Producers Federation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : AD5B2467C7537404DADF

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. John Hollay

Mailing Address 1021 N. Garfield #222

City State Zip Code
Arlington VA 22201-2555

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

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : A24E65789FF24458DB19

Amount of Each Receipt this Period

40.00

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

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

120.00

FOR LINE NUMBER:
(check only one)

| | | | | | | | | | |
|---|-----|--|-----|--|-----|--|----|--|----|
| ✗ | 11a | | 11b | | 11c | | 12 | | |
| | 13 | | 14 | | 15 | | 16 | | 17 |

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

FOR LINE NUMBER: PAGE 12 OF 14

(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)

Full Name (Last, First, Middle Initial)

A. Land Olakes Inc/agriliance Llc Pac (lol)

Mailing Address BOX 64101

City State Zip Code
 ST PAUL MN 55164

FEC ID number of contributing
federal political committee.

C C00009423

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

09 / **17** / **2015**

Transaction ID : AC82DB1CE7D0A44CF87F

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 10 | | 2015 |

Mailing Address PO Box 62227

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Orlando | FL | 32862-2227 |

Transaction ID : B8AF402314B9F430D85E

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| |
|-------|
| 54.90 |
|-------|

| | | | |
|----------------|--|-------------------|--|
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| | | | |
|----------------|--|-------------------|--|
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

| |
|-------------------|
| Category/ Type |
|-------------------|

| | | | |
|----------------|--|-------------------|--|
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | | |

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

| |
|-------|
| 54.90 |
|-------|

| |
|-------|
| 54.90 |
|-------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

Full Name (Last, First, Middle Initial)

A. PEOPLE FOR BEN

Mailing Address PO BOX 31129

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| SANTA FE | NM | 87594 |

Purpose of Disbursement

Candidate Name

Rep. Ben Ray Lujan Jr.

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NM District: 03

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2015 |

Transaction ID : B1D87C35358AE40E595D

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. LUCAS FOR CONGRESSMailing Address Post Office Box 1726
Post Office Box 1726

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Oklahoma City | OK | 73101 |

Purpose of Disbursement

Candidate Name

Rep. FRANK D. LUCAS

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: OK District: 03

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 28 | / | 2015 |

Transaction ID : B8271A908048647D5BE5

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| LA CROSSE | WI | 54601 |

Purpose of Disbursement

Candidate Name

Rep. Ron J. Kind

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: WI District: 03

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 17 | / | 2015 |

Transaction ID : B7A304C205D1549C793B

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

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

| |
|---------|
| 3000.00 |
|---------|

| |
|---------|
| 3000.00 |
|---------|