

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="15207.82"/>	<input type="text" value="15207.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="50264.07"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18400.00"/>	<input type="text" value="67000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68664.07"/>	<input type="text" value="82207.82"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16678.00"/>	<input type="text" value="30221.75"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51986.07"/>	<input type="text" value="51986.07"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period: From: / / To: / /

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).....	16800.00	39920.00
(ii) Unitemized	1600.00	3330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18400.00	43250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	23750.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18400.00	67000.00
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 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))..... ▶	18400.00	67000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18400.00	67000.00

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	8678.00	9221.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8678.00	9221.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	21000.00
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)) ..	16678.00	30221.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16678.00	30221.75

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)	18400.00	67000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18400.00	67000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8678.00	9221.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8678.00	9221.75

**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 6 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. John East
 Full Name (Last, First, Middle Initial)
 Mailing Address 4025 County Road 5
 City Leesburg State AL Zip Code 35983-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern States Cooperative, Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : A29C1F248406441CC987
 Amount of Each Receipt this Period
 400.00

B. Daryl Grannis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1432 Energy Rd
 City Flemingsburg State KY Zip Code 41041-9232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern States Cooperative, Inc. Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : AEF2FA96ED70444DB8D7
 Amount of Each Receipt this Period
 250.00

C. Raleigh Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 3762 Ward Rd
 City Effingham State SC Zip Code 29541-5343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern States Cooperative, Inc. Occupation Chairman of the Board
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 01 / 2014
Transaction ID : A53F14B41EF63438FBBF
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 7 OF 20
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Mr. Wes Messick
Full Name (Last, First, Middle Initial)
Mailing Address 4405 Centennial Rd
City East New Market State MD Zip Code 21631-1550
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern States Cooperative, Inc. Occupation Board Member
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2014
Transaction ID : A07F40D6FD2BD46EA80A
Amount of Each Receipt this Period
400.00

B. Bruce Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 29900 King William Rd
City West Point State VA Zip Code 23181-3210
FEC ID number of contributing federal political committee. **C**
Name of Employer Southern States Cooperative, Inc. Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2014
Transaction ID : A9C9D6F51B5BA4D0F9AB
Amount of Each Receipt this Period
250.00

C. Mark Jansen
Full Name (Last, First, Middle Initial)
Mailing Address 5523 W St. Francis circle
City Loomis State CA Zip Code 95650-7919
FEC ID number of contributing federal political committee. **C**
Name of Employer Blue Diamond Growers Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2014
Transaction ID : AF5AFA40F1ABE40C5B4F
Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 8 OF 20
	<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. James Kruse
Full Name (Last, First, Middle Initial)

Mailing Address 2109 Sinclair Ct

City Bloomington State IL Zip Code 61704-4600

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : A8A92938EA3E84C30A1B

Amount of Each Receipt this Period
 300.00

B. Allen Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 1057 140th St

City Creston State IA Zip Code 50801-8371

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

Name of Employer Information Requested Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : AFD17F5DE8744F4801

Amount of Each Receipt this Period
 300.00

C. Kevin Carroll
Full Name (Last, First, Middle Initial)

Mailing Address 3108 Wisteria Ln

City Bloomington State IL Zip Code 61704-2771

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

Name of Employer Information Requested Occupation Vice President, Energy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2014

Transaction ID : A7747390E4CC64950A1C

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 9 OF 20
	<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Jeffery Solberg
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Crimson Ln

City Bloomington State IL Zip Code 61704-2735

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

Name of Employer Growmark, Inc. Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
04 / 07 / 2014
Transaction ID : AB0E6BA9C09564D5BB98

Amount of Each Receipt this Period
2000.00

B. Steven Buckalew
Full Name (Last, First, Middle Initial)

Mailing Address 104 Watson Rd

City Centerville State MD Zip Code 21617-2310

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

Name of Employer Growmark, Inc. Occupation Vice President, Eastern Retail

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 07 / 2014
Transaction ID : AB21A813A070D4E7A9F6

Amount of Each Receipt this Period
300.00

C. Mike K Woods
Full Name (Last, First, Middle Initial)

Mailing Address 15951 Thunderbird Ct

City Bloomington State IL Zip Code 61705-5588

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

Name of Employer Growmark, Inc. Occupation Executive Director, Strategic Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 07 / 2014
Transaction ID : A53FE11C15F99440E92A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

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 20
	<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Mr. Richard Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 1642 E 500N Rd

City Paxton	State IL	Zip Code 60957-4010
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FEC ID number of contributing federal political committee. **C**

Name of Employer Growmark, Inc.	Occupation Vice Chairman of the Board of Director
------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : AE002B9FFB7BE4CD5A16

Amount of Each Receipt this Period
300.00

B. John Reifsteck
Full Name (Last, First, Middle Initial)

Mailing Address 1007 County Road

City Champaign	State IL	Zip Code 61822
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FEC ID number of contributing federal political committee. **C**

Name of Employer Growmark, Inc.	Occupation Director
------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : A66668F0BFD4C4974898

Amount of Each Receipt this Period
300.00

C. Kevin Herink
Full Name (Last, First, Middle Initial)

Mailing Address 2297 Highway E 29

City Clutier	State IA	Zip Code 52217-0000
-----------------	-------------	------------------------

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

Name of Employer Growmark, Inc.	Occupation Director
------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2014

Transaction ID : ACF6430C652104EE58B0

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	900.00
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 11 OF 20
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Marshall Bohbrink
Full Name (Last, First, Middle Initial)

Mailing Address 3107 Sable Oaks Rd

City Bloomington State IL Zip Code 61704-4850

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

Name of Employer Growmark, Inc. Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : AC829FF51122B4DCEAB9

Amount of Each Receipt this Period
 300.00

B. Mr. David Watt
Full Name (Last, First, Middle Initial)

Mailing Address 1672 Sellars Rd

City Murrayville State IL Zip Code 62668-8603

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : A67C75D09D92A433B883

Amount of Each Receipt this Period
 250.00

C. Chet Esther
Full Name (Last, First, Middle Initial)

Mailing Address RR 1 Box 91

City Frederick State IL Zip Code 62639-9741

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2014

Transaction ID : AE494B1DC16C44A3ABA5

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 OF 20
<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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Brent Bostrom
Full Name (Last, First, Middle Initial)
Mailing Address 4 Scofield Ct
City Bloomington State IL Zip Code 61704-4809
FEC ID number of contributing federal political committee. **C**
Name of Employer Growmark, Inc. Occupation VP & General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 10 / 2014
Transaction ID : AE04FD88C50914E83A51
Amount of Each Receipt this Period 300.00

B. Gary A Swango
Full Name (Last, First, Middle Initial)
Mailing Address 2102 Berrywood Ln
City Bloomington State IL Zip Code 61704-2437
FEC ID number of contributing federal political committee. **C**
Name of Employer Growmark, Inc. Occupation VP, Human Resources and Compliance
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1005.00

Date of Receipt 04 / 10 / 2014
Transaction ID : AAAE906BEBD674B24B00
Amount of Each Receipt this Period 500.00

C. Brent Ericson
Full Name (Last, First, Middle Initial)
Mailing Address 2204 Tori Ann Ln
City Bloomington State IL Zip Code 61704-3420
FEC ID number of contributing federal political committee. **C**
Name of Employer Growmark, Inc. Occupation Vice President, Grain Division
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 04 / 10 / 2014
Transaction ID : AD5EEDE381A4041E2AB8
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... **1100.00**
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 13 OF 20
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Dennis Worth
Full Name (Last, First, Middle Initial)

Mailing Address 3212 Eagle Crest Rd

City Bloomington State IL Zip Code 61704-8324

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

Name of Employer Growmark, Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 10 / 2014
Transaction ID : A473D8198F5464C7E846

Amount of Each Receipt this Period
300.00

B. Ros Pierson
Full Name (Last, First, Middle Initial)

Mailing Address 13449 2950 N Ave

City Walnut State IL Zip Code 61376-9387

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 10 / 2014
Transaction ID : A140D6D58FAA54C39B83

Amount of Each Receipt this Period
250.00

C. Dennis Neuhaus
Full Name (Last, First, Middle Initial)

Mailing Address 14038 Birch Rd

City Hoyleton State IL Zip Code 62803-2408

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 10 / 2014
Transaction ID : A125A361F1E6140669EB

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 14 OF 20
<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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Robert Phelps
Full Name (Last, First, Middle Initial)

Mailing Address 13781 Eunice Dr

City Rockton State IL Zip Code 61072-9722

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2014
Transaction ID : ACFD509405ADA49E29BA

Amount of Each Receipt this Period 250.00

B. Kevin Malchine
Full Name (Last, First, Middle Initial)

Mailing Address 27402 Malchine Rd

City Waterford State WI Zip Code 53185-3155

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2014
Transaction ID : AFE98C485EC4549B0BF9

Amount of Each Receipt this Period 250.00

C. Jack McCormick
Full Name (Last, First, Middle Initial)

Mailing Address 101 Brian St

City Ellis Grove State IL Zip Code 62241-1537

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

Name of Employer Growmark, Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2014
Transaction ID : AAF090B0C4C434FB6919

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 15 OF 20
	<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial) A. James Spradlin		Date of Receipt
Mailing Address 30 Jasper Ct		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Morton	State IL	Zip Code 61550-1150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A9C3F0B9C08D14C16800
Name of Employer Growmark, Inc.		Amount of Each Receipt this Period
Occupation Vice President, Agronomy		<input type="text" value="300.00"/>
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"/>		

Full Name (Last, First, Middle Initial) B. Mark Orr		Date of Receipt
Mailing Address 2414 Arlington Cir		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Pekin	State IL	Zip Code 61554-1900
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A5FDDF6535A9440089E9
Name of Employer Information Requested		Amount of Each Receipt this Period
Occupation Unknown		<input type="text" value="300.00"/>
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"/>		

Full Name (Last, First, Middle Initial) C. James Wegner		Date of Receipt
Mailing Address 27297 Mega Rd		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City Cashton	State WI	Zip Code 54619-8267
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AE2119ED6D71746E491F
Name of Employer Darigold Farms		Amount of Each Receipt this Period
Occupation CEO		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 16 OF 20
	<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Jackie Klippenstein
Full Name (Last, First, Middle Initial)

Mailing Address 15945 Hh Hwy

City State Zip Code
Platte City MO 64079-9198

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

Name of Employer Occupation
Dairy Farmers Of America Vice President, Legislative & Industry

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 28 / 2014
Transaction ID : ADE905C7127EA4FA19E2

Amount of Each Receipt this Period
500.00

B. Christopher Polcinski
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 64101

City State Zip Code
Saint Paul MN 55164-0101

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

Name of Employer Occupation
Land O' Lakes, Inc CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
04 / 28 / 2014
Transaction ID : A8F2581D4FCFA408A8AC

Amount of Each Receipt this Period
1500.00

C. Robert Engel
Full Name (Last, First, Middle Initial)

Mailing Address 988 Preston Ct

City State Zip Code
Castle Rock CO 80108-9176

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

Name of Employer Occupation
Cobank President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
04 / 28 / 2014
Transaction ID : A4C462664A51D40B9B63

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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 17 OF 20
(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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Richard Smith

Mailing Address 10220 N Ambassador Dr
Ste 1000

City Kansas City State MO Zip Code 64153-2327

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

Name of Employer Dairy Farmers Of America Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : A75407507A5C741DAA94

Amount of Each Receipt this Period
1500.00

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶	1500.00
TOTAL This Period (last page this line number only)..... ▶	16800.00

**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 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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2157

Purpose of Disbursement
Merchant Services Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2014

Transaction ID : B3371C93E11584913B3D

Amount of Each Disbursement this Period

71.46

Full Name (Last, First, Middle Initial)

B. National Council Of Farmer Cooperatives

Mailing Address 50 F St NW
Ste 900

City Washington State DC Zip Code 20001-1530

Purpose of Disbursement
Reimb. for Silent Auction Prizes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2014

Transaction ID : B6D877B1B56F048F9828

Amount of Each Disbursement this Period

8584.37

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2157

Purpose of Disbursement
Account Analysis Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 18 / 2014

Transaction ID : B452ECA66E340480E8E7

Amount of Each Disbursement this Period

22.17

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

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

8678.00

8678.00

**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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. Mike Simpson For Congress

Mailing Address P.o. Box 1541

City State Zip Code
Boise ID 83701

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Mike Simpson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : B44F84DE68FC24D3486F

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City State Zip Code
UNIVERSITY HEIGHTS OH 44118-3647

Purpose of Disbursement
Contribution to Committee

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : B2980C7DED66A4F75B59

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Hoeven for Senate

Mailing Address PO BOX 861

City State Zip Code
Bismarck ND 58502-0861

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. John H. Hoeven

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	6

Transaction ID : B791441A5C78B488D806

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

7	0	0	0	0	0	0	0	0	0
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7	0	0	0	0	0	0	0	0	0
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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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. DONNELLY FOR INDIANA

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
Contribution to Committee

Candidate Name

Sen. Joe Donnelly

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2014

Transaction ID : B20EEA887F135410A83B

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

8000.00
