

**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="2016"/>	<input type="text" value="26403.48"/>	<input type="text" value="26403.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="59865.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31429.00"/>	<input type="text" value="74164.00"/>
(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="91294.73"/>	<input type="text" value="100567.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5541.43"/>	<input type="text" value="14814.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="85753.30"/>	<input type="text" value="85753.30"/>
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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	21614.00	41324.00
(ii) Unitemized	2315.00	4340.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23929.00	45664.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	28500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	31429.00	74164.00
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))..... ▶	31429.00	74164.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31429.00	74164.00

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	541.43	814.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	541.43	814.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	14000.00
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)) ..	5541.43	14814.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5541.43	14814.18

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)	31429.00	74164.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31429.00	74164.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	541.43	814.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	541.43	814.18

**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 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. JOSEPH M. DIGLIO
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8002

City NOVI State MI Zip Code 48376-8002

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

Name of Employer MICHIGAN MILK PRODUCERS ASSOCIATION Occupation GENERAL MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 08 / 2016
Transaction ID : A56AEAF412C214D40B99

Amount of Each Receipt this Period 400.00

Memo Item
RECEIPT

B. 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 03 / 08 / 2016
Transaction ID : A34DF2C9C2FC74BC58CE

Amount of Each Receipt this Period 400.00

Memo Item
RECEIPT

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

Mailing Address 3080 S BUILDING

City WASHINGTON State DC Zip Code 20250-0001

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

Name of Employer AGRIBANK, FCB Occupation VICE PRESIDENT, GOVERNMENT RELATIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 11 / 2016
Transaction ID : ADC4A5CB2DA1F47D98BF

Amount of Each Receipt this Period 260.00

Memo Item
260.00

SUBTOTAL of Receipts This Page (optional).....▶ 1060.00

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 25
	<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. KENNETH NOBIS
Full Name (Last, First, Middle Initial)

Mailing Address 1513 N LOWELL RD

City SAINT JOHNS	State MI	Zip Code 48879-9519
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FEC ID number of contributing federal political committee. **C**

Name of Employer MICHIGAN MILK PRODUCERS ASSOCIATION	Occupation PRESIDENT
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2016

Transaction ID : AD6B084A4ED724D37939

Amount of Each Receipt this Period
500.00

Memo Item
RECEIPT

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

Mailing Address 17933 SW FREDERICK LN.

City SHERWOOD	State OR	Zip Code 97140-7800
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FEC ID number of contributing federal political committee. **C**

Name of Employer OREGON CHERRY GROWERS, INC.	Occupation CFO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2016

Transaction ID : A4E242344F6E34158884

Amount of Each Receipt this Period
250.00

Memo Item
RECEIPT

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

Mailing Address 1446 DELAWARE AVE

City SAINT PAUL	State MN	Zip Code 55118-3000
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FEC ID number of contributing federal political committee. **C**

Name of Employer CHS, INC.	Occupation PRESIDENT & CEO
-------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		18		2016

Transaction ID : A30AEF8E4C42C4E738F5

Amount of Each Receipt this Period
1300.00

Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....	2050.00
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 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JACK MCCORMICK
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 BRIAN ST
 City State Zip Code
 ELLIS GROVE IL 62241-1537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GROWMARK, INC. 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
 03 / 28 / 2016
Transaction ID : AE5190F5AC1B14434A70
 Amount of Each Receipt this Period
 300.00
 Memo Item
RECEIPT

B. RICHARD NELSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1642 E 500N RD
 City State Zip Code
 PAXTON IL 60957-4010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GROWMARK, INC. VICE CHAIRMAN OF THE BOARD OF DIREC
 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
 03 / 28 / 2016
Transaction ID : AFBEEF1363AF3465BB6D
 Amount of Each Receipt this Period
 300.00
 Memo Item
RECEIPT

C. DAVID WATT
 Full Name (Last, First, Middle Initial)
 Mailing Address 1672 SELLARS RD
 City State Zip Code
 MURRAYVILLE IL 62668-8603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 GROWMARK, INC. 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
 03 / 28 / 2016
Transaction ID : A45B3EC4CA8C54F50977
 Amount of Each Receipt this Period
 250.00
 Memo Item
RECEIPT

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 9 OF 25
	<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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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

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

Date of Receipt 03 / 28 / 2016
Transaction ID : A4A1AFE1F06BE4827ACF
 Amount of Each Receipt this Period 300.00
 Memo Item
 RECEIPT

B. WADE MITTELSTADT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 MACKENZIE COURT
 City BLOOMINGTON State IL Zip Code 61704-7047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer GROWMARK, INC. Occupation VP, FINANCIAL AND RISK MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : AED3B6B5234024F96B84
 Amount of Each Receipt this Period 300.00
 Memo Item
 RECEIPT

C. 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 GROWMARK, INC. Occupation DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : AB9B983E2FB92425581F
 Amount of Each Receipt this Period 300.00
 Memo Item
 RECEIPT

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 10 OF 25
	<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. MICHAEL TURNER
Full Name (Last, First, Middle Initial)

Mailing Address 1503 RIVER BLUFF COURT

City MAHOMET	State IL	Zip Code 61853-3678
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FEC ID number of contributing federal political committee. **C**

Name of Employer GROWMARK, INC.	Occupation VICE PRESIDENT MIDWEST OPERATIONS
------------------------------------	---

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
03	/	28	/	2016

Transaction ID : A42D2E5E9BFC14A9FB99

Amount of Each Receipt this Period
300.00

Memo Item
RECEIPT

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

Mailing Address 2414 ARLINGTON CIR

City PEKIN	State IL	Zip Code 61554-1900
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FEC ID number of contributing federal political committee. **C**

Name of Employer GROWMARK, INC.	Occupation REGION VP
------------------------------------	-------------------------

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
03	/	28	/	2016

Transaction ID : A8E3AE90E98F347678E1

Amount of Each Receipt this Period
300.00

Memo Item
RECEIPT

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

Mailing Address 1202 W PIPER ST

City MACOMB	State IL	Zip Code 61455-2700
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FEC ID number of contributing federal political committee. **C**

Name of Employer GROWMARK, INC.	Occupation REGION VICE PRESIDENT
------------------------------------	-------------------------------------

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
03	/	28	/	2016

Transaction ID : A3889639438F44B37A47

Amount of Each Receipt this Period
300.00

Memo Item
RECEIPT

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 25
	<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. 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 ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : AD7BED55EF749442E93B

Amount of Each Receipt this Period 300.00

Memo Item
RECEIPT

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

Mailing Address 24775 OLD HIGHWAY RD

City FARLEY State IA Zip Code 52046-9778

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 03 / 28 / 2016
Transaction ID : A5B6E64AB2AF14CFB9C1

Amount of Each Receipt this Period 300.00

Memo Item
RECEIPT

C. 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 ▼ 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A9CEB18984A644D059E4

Amount of Each Receipt this Period 300.00

Memo Item
RECEIPT

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 12 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BRAD TEMPLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3615 E. 2351 RD.
 City SERENA State IL Zip Code 60549-9754
 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 03 / 28 / 2016
Transaction ID : A463E24FF58524A3EA14
 Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

B. JOHN REIFSTECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 1007 COUNTY ROAD
 City CHAMPAIGN State IL Zip Code 61822
 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 03 / 28 / 2016
Transaction ID : AE6FFA8284D6641C8B3B
 Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

C. 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 300.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A652955A7C719499C845
 Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

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 13 OF 25
	<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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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. JAMES SPRADLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 JASPER CT
 City MORTON State IL Zip Code 61550-1150
 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 1500.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A35DE05799BA04D55BF4
 Amount of Each Receipt this Period 1500.00
 Memo Item
RECEIPT

B. DANE LANCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 SUNRISE RIDGE DR
 City LAFAYETTE State CA Zip Code 94549-1751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SUNSWEET GROWERS INC. Occupation PRESIDENT & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1500.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A7E293EEF4D5E4198AFA
 Amount of Each Receipt this Period 1500.00
 Memo Item
RECEIPT

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 03 / 28 / 2016
Transaction ID : AAEE62D28DABE4F79BCE
 Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....	3300.00
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 25
	<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. 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 GROWMARK, INC. Occupation VICE PRESIDENT, ENERGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 28 / 2016**
Transaction ID : A7194CE7E09064E60950
 Amount of Each Receipt this Period **300.00**
 Memo Item
RECEIPT

B. DAVID UHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 26419 ALLENTOWN RD
 City TREMONT State IL Zip Code 61568-9450
 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 **03 / 28 / 2016**
Transaction ID : A3C3E21261D80443B9F1
 Amount of Each Receipt this Period **300.00**
 Memo Item
RECEIPT

C. RON 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 **300.00**

Date of Receipt **03 / 28 / 2016**
Transaction ID : AB109A3DED92E41F8B98
 Amount of Each Receipt this Period **300.00**
 Memo Item
RECEIPT

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 15 OF 25
<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. 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 03 / 28 / 2016
Transaction ID : AE776F00D4CAE4AC6B2C

Amount of Each Receipt this Period 300.00

Memo Item
RECEIPT

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

Mailing Address 4785 E 1260 RD

City EL DORADO SPRINGS State MO Zip Code 64744-7469

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

Name of Employer MFA INC. Occupation BOARD DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A2DC217D95F3A40AF8FD

Amount of Each Receipt this Period 400.00

Memo Item
RECEIPT

C. 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 COMPLIANC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 03 / 28 / 2016
Transaction ID : A983AB6A7E009457E8EB

Amount of Each Receipt this Period 300.00

Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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 16 OF 25
	<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. 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 03 / 28 / 2016
Transaction ID : ADC99EAF9C8ED4DFFAA:
Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

B. KEVIN HERINK
Full Name (Last, First, Middle Initial)
Mailing Address 2297 HIGHWAY E 29
City CLUTIER State IA Zip Code 52217
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 03 / 28 / 2016
Transaction ID : A8E1FCFDAF6464CBCBFF
Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

C. WAYNE NICHOLS
Full Name (Last, First, Middle Initial)
Mailing Address 5035 COUNTY ROAD 2350
City POMONA State MO Zip Code 65789-9132
FEC ID number of contributing federal political committee. **C**
Name of Employer MFA INC. Occupation DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A340B506EAE6A4840A3B
Amount of Each Receipt this Period 300.00
 Memo Item
RECEIPT

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 17 OF 25
	<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. JIMMIE READING
Full Name (Last, First, Middle Initial)
Mailing Address 3680 HIGHWAY V

City CURRYVILLE	State MO	Zip Code 63339-2324
--------------------	-------------	------------------------

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

Name of Employer MFA INC.	Occupation DIRECTOR
------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2016
Transaction ID : ACA176E33515B4075A9D

Amount of Each Receipt this Period
400.00

Memo Item
RECEIPT

B. DOYLE OEHL
Full Name (Last, First, Middle Initial)
Mailing Address 8076 STATE HIGHWAY D

City JACKSON	State MO	Zip Code 63755-7022
-----------------	-------------	------------------------

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

Name of Employer MFA INC.	Occupation DIRECTOR
------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2016
Transaction ID : AF878FB02C03449FAA73

Amount of Each Receipt this Period
400.00

Memo Item
2365

C. KENDALL KIRCHER
Full Name (Last, First, Middle Initial)
Mailing Address 2962 STATE ROAD P

City NEW FRANKLIN	State MO	Zip Code 65274
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FEC ID number of contributing federal political committee. **C**

Name of Employer MFA INC.	Occupation FARMER
------------------------------	----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
03 / 29 / 2016
Transaction ID : ACD46D43DC9604BD1807

Amount of Each Receipt this Period
400.00

Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 18 OF 25
	<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. BARRY KAGAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5050 W HIGHWAY 6
 City AMITY State MO Zip Code 64422-9198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MFA INC. Occupation DIRECTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A907619A5889048319D7
 Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

B. TIM ENGEMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 30102 STATE HIGHWAY 94
 City HERMANN State MO Zip Code 65041-6021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MFA INCORPORATED Occupation BOARD MEMBER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A0C0043E7E6764410A9D
 Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

C. DAWN ALTHOFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 34738 HIGHWAY T
 City CALIFORNIA State MO Zip Code 65018-3701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MFA INC. Occupation DIRECTOR
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A69523CECB0654958B43
 Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional)..... **1200.00**
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 19 OF 25
<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. CHARLES SPENCER
Full Name (Last, First, Middle Initial)
Mailing Address 487 SAMPSON RD
City FAUCETT State MO Zip Code 64448-8146
FEC ID number of contributing federal political committee. **C**
Name of Employer MFA INC. Occupation DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A90ACB923B3ED436DB63
Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

B. DAVID CALLIS
Full Name (Last, First, Middle Initial)
Mailing Address 5315 PIN OAK LN
City SEDALIA State MO Zip Code 65301-8902
FEC ID number of contributing federal political committee. **C**
Name of Employer MFA INC. Occupation BOARD DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A1A6636A5F81D4792812
Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

C. JOHN MOFFITT
Full Name (Last, First, Middle Initial)
Mailing Address 10201 HIGHWAY 129
City WINIGAN State MO Zip Code 63566-2018
FEC ID number of contributing federal political committee. **C**
Name of Employer MFA INCORPORATED Occupation DIRECTOR
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 03 / 29 / 2016
Transaction ID : A7495128CF05C4E06A9F
Amount of Each Receipt this Period 400.00
 Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00
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 20 OF 25
	<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. GLEN COPE
Full Name (Last, First, Middle Initial)

Mailing Address RR 3 BOX 284

City AURORA State MO Zip Code 65605-9530

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

Name of Employer MFA INCORPORATED Occupation FARMER

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
 03 / 29 / 2016

Transaction ID : A1C78689D01F44AC5BD5

Amount of Each Receipt this Period
 400.00

Memo Item
RECEIPT

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

Mailing Address 12005 W HIGHWAY EE

City ROCHEPORT State MO Zip Code 65279-9494

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

Name of Employer MFA INCORPORATED Occupation PRESIDENT & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : A651BECDF04FF4264A77

Amount of Each Receipt this Period
 500.00

Memo Item
RECEIPT

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

Mailing Address 31113 OUTER RD.

City CONCORDIA State MO Zip Code 64020-6367

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

Name of Employer MFA INC. Occupation BOARD 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
 03 / 29 / 2016

Transaction ID : A80BE289AA6A7441E9DE

Amount of Each Receipt this Period
 400.00

Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 21 OF 25
	<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. THOMAS DENT
Full Name (Last, First, Middle Initial)

Mailing Address 1472 SUMMIT RD

City HUMESTON	State IA	Zip Code 50123-8023
------------------	-------------	------------------------

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

Name of Employer MFA INC.	Occupation BOARD DIRECTOR
------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : AF415A297167E4137934

Amount of Each Receipt this Period
400.00

Memo Item
RECEIPT

B. CHARLES F. CONNER
Full Name (Last, First, Middle Initial)

Mailing Address 310 MANSION DR

City ALEXANDRIA	State VA	Zip Code 22302-2903
--------------------	-------------	------------------------

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

Name of Employer NATIONAL COUNCIL OF FARMER COOPERATIVE	Occupation PRESIDENT & 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
 03 / 30 / 2016
Transaction ID : ABA4AEDFA941C4BD7AE3

Amount of Each Receipt this Period
1500.00

Memo Item
RECEIPT

C. LISA VAN DOREN
Full Name (Last, First, Middle Initial)

Mailing Address 609 CONSTITUTION AVE NE

City WASHINGTON	State DC	Zip Code 20002-6035
--------------------	-------------	------------------------

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

Name of Employer NATIONAL COUNCIL OF FARMER COOPERA	Occupation VICE PRESIDENT & CHIEF OF STAFF TO GC
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1154.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : A41285E350D0A442A993

Amount of Each Receipt this Period
1154.00

Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....	3054.00
TOTAL This Period (last page this line number only).....	21614.00

**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 22 OF 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. PACIFIC COAST PRODUCERS PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1127 11TH ST.
 SUITE 300
 City SACRAMENTO State CA Zip Code 95814-3809
 FEC ID number of contributing federal political committee. **C** C00245910
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 02 / 2016
Transaction ID : A46B7A630F9D04120BD1
 Amount of Each Receipt this Period
 5000.00
 Memo Item
RECEIPT

B. LAND O' LAKES PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 64101
 City SAINT PAUL State MN Zip Code 55164-0101
 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
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : AE4FC1E8ECBEA4EE0A8F
 Amount of Each Receipt this Period
 2500.00
 Memo Item
RECEIPT

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
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
TOTAL This Period (last page this line number only).....	7500.00

**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 20005-2134

Purpose of Disbursement
MERCHANT SERVICE FEE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : B6237E8D089D14397B19

Amount of Each Disbursement this Period

510.38

Memo Item

Full Name (Last, First, Middle Initial)

B. SUNTRUST BANK

Mailing Address 1445 NEW YORK AVE NW

City WASHINGTON State DC Zip Code 20005-2134

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
03 / 18 / 2016

Transaction ID : BA40CD0C5D2AF4E05B57

Amount of Each Disbursement this Period

31.05

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

541.43

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

541.43

**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. YOUNG FOR IOWA, INC.

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

011

Candidate Name
DAVID E. YOUNG

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : B126CD4F199154335848

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CONAWAY FOR CONGRESS

Mailing Address P.O. BOX 51272

City MIDLAND State TX Zip Code 79710-1272

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

011

Candidate Name
MIKE CONAWAY

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 21 / 2016

Transaction ID : B88CF68E8F7514EF4AB4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MARCIA FUDGE FOR CONGRESS

Mailing Address 3729 SILSBY RD

City UNIVERSITY HEIGHTS State OH Zip Code 44118-3647

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

011

Candidate Name
MARCIA L. FUDGE

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : B335E660765B641088BB

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. VALADAO FOR CONGRESS

Mailing Address 504 VAN NESS

City FRESNO State CA Zip Code 93721

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

Candidate Name
DAVID G. VALADAO

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : BDA86BC1D6C0F45D9940

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GRAVES FOR CONGRESS

Mailing Address 4701 NW 82ND STREET

City KANSAS CITY State MO Zip Code 64151-1102

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

Candidate Name
SAM B. GRAVES JR.

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : BF55803D46E954FE19D2

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

5000.00