

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

ADDRESS (number and street) 7525 RED RIVER ROAD Check if different than previously reported. (ACC) WAHPETON ND 58075

2. FEC IDENTIFICATION NUMBER C00164939 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer STEVEN CASPERS Signature of Treasurer Electronically Filed by STEVEN CASPERS Date 07 22 2009

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		187705.46
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	187705.46									
(c) Total Receipts (from Line 19)	30055.81	30055.81								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217761.27	217761.27								
7. Total Disbursements (from Line 31)	85370.29	85370.29								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132390.98	132390.98								
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)

Write or Type Committee Name

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22600.84	22600.84
(ii) Unitemized	4921.04	4921.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	27521.88	27521.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27521.88	27521.88
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	533.93	533.93
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30055.81	30055.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30055.81	30055.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	770.29	770.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	770.29	770.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84600.00	84600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85370.29	85370.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85370.29	85370.29

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27521.88	27521.88
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27521.88	27521.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	770.29	770.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	770.29	770.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

<p>A. Full Name (Last, First, Middle Initial) F MICHAEL ABEL</p> <p>Mailing Address 3237 STATE HWY 9</p> <p>City State Zip Code BRECKENRIDGE MN 56520</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation FARMER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1719.88</p>	<p>Date of Receipt 01 / 02 / 2009</p> <p>Transaction ID: SA11AI.14537</p> <p>Amount of Each Receipt this Period 1719.88</p>
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<p>B. Full Name (Last, First, Middle Initial) BRADLEY ANDERSON</p> <p>Mailing Address 2248 361ST ST</p> <p>City State Zip Code BRECKENRIDGE MN 56520-9454</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation FARMER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1181.04</p>	<p>Date of Receipt 01 / 02 / 2009</p> <p>Transaction ID: SA11AI.14547</p> <p>Amount of Each Receipt this Period 1181.04</p>
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<p>C. Full Name (Last, First, Middle Initial) JAMES BAKER</p> <p>Mailing Address 9061 70TH AVE S</p> <p>City State Zip Code SABIN MN 56580-9512</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED</p> <p>Occupation FARMER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 741.00</p>	<p>Date of Receipt 01 / 02 / 2009</p> <p>Transaction ID: SA11AI.14541</p> <p>Amount of Each Receipt this Period 741.00</p>
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SUBTOTAL of Receipts This Page (optional)	3641.92
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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ANDREW BEYER		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 2665 170TH AVE		Transaction ID: SA11AI.14545		
	City KENT	State MN	Zip Code 56553	Amount of Each Receipt this Period 684.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
684.00

B.	Full Name (Last, First, Middle Initial) JAMES BLAUFUSS		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 2231 361ST ST		Transaction ID: SA11AI.14546		
	City BRECKENRIDGE	State MN	Zip Code 56520-9454	Amount of Each Receipt this Period 1754.08	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1754.08

C.	Full Name (Last, First, Middle Initial) DOUGLAS R CHRISTENSEN		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 2239 450TH ST		Transaction ID: SA11AI.14548		
	City CAMPBELL	State MN	Zip Code 56522	Amount of Each Receipt this Period 684.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
684.00

SUBTOTAL of Receipts This Page (optional)	▶	3122.08
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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN E DANIELS		Date of Receipt	
	Mailing Address 2851 STATE HWY 55		M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.14549
	NASHUA	MN	56565-9548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		330.60	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.60		

B.	Full Name (Last, First, Middle Initial) DAVID FIXEN		Date of Receipt	
	Mailing Address 7480 172 AVE SE		M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.14554
	WHPETON	ND	58075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		417.24	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 417.24		

C.	Full Name (Last, First, Middle Initial) MICHAEL FREEBERG		Date of Receipt	
	Mailing Address 304 W MAIN		M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.14555
	COLFAX	ND	58018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		257.64	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 257.64		

SUBTOTAL of Receipts This Page (optional)	▶	1005.48
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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) DAVID R HAGSTROM		Date of Receipt
	Mailing Address 925 MAIN STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	BRECKENRIDGE	MN	56520
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14557
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 305.52

B.	Full Name (Last, First, Middle Initial) DAVID HASBARGEN		Date of Receipt
	Mailing Address 852 RIVERBEND ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	OXBOW	ND	58047
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14558
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 760.00

C.	Full Name (Last, First, Middle Initial) MICHAEL W HASBARGEN		Date of Receipt
	Mailing Address 2553 360TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	BRECKENRIDGE	MN	56520
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14559
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 760.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1825.52
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14817
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	220.00

B.	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14835
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	240.00

C.	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14842
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	260.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	60.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56

(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Full Name (Last, First, Middle Initial)

MERLAND HENDRICKSON

Mailing Address 16845 CO RD 6

City State Zip Code
COLFAX ND 58018

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 218.88

Date of Receipt

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

Transaction ID: SA11AI.14563

Amount of Each Receipt this Period
218.88

B.

Full Name (Last, First, Middle Initial)

RAYMOND B JOHNSON

Mailing Address 1955 29TH ST CIRCLE SOUTH

City State Zip Code
MOORHEAD MN 56560

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 577.60

Date of Receipt

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

Transaction ID: SA11AI.14566

Amount of Each Receipt this Period
577.60

C.

Full Name (Last, First, Middle Initial)

JAMES KEMPFER

Mailing Address P O BOX 55

City State Zip Code
FOXHOME MN 56543

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 413.44

Date of Receipt

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

Transaction ID: SA11AI.14567

Amount of Each Receipt this Period
413.44

SUBTOTAL of Receipts This Page (optional) ▶

1209.92

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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ROBERT KEMPFER		Date of Receipt
	Mailing Address P O BOX 25		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	FOXHOME	MN	56543
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14568
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 307.80

B.	Full Name (Last, First, Middle Initial) TODD KLEIN		Date of Receipt
	Mailing Address 2460 CO RD 16		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	BRECKENRIDGE	MN	56520
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14569
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 297.92

C.	Full Name (Last, First, Middle Initial) CAROLYN J KUTZER		Date of Receipt
	Mailing Address 9122 182 AVE SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 2 / 2 0 0 9
	City	State	Zip Code
	FAIRMOUNT	ND	58030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.14576
Name of Employer SELF-EMPLOYED		Occupation FARMER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 261.25

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 866.97
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56
(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial)
C KEVIN KUTZER

Mailing Address 9005 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.25

Date of Receipt: 01 / 02 / 2009
Transaction ID: SA11AI.14571
Amount of Each Receipt this Period: 375.25

B. Full Name (Last, First, Middle Initial)
DIANE K KUTZER

Mailing Address 9005 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.25

Date of Receipt: 01 / 02 / 2009
Transaction ID: SA11AI.14572
Amount of Each Receipt this Period: 375.25

C. Full Name (Last, First, Middle Initial)
KYLE D KUTZER

Mailing Address 9122 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 261.25

Date of Receipt: 01 / 02 / 2009
Transaction ID: SA11AI.14575
Amount of Each Receipt this Period: 261.25

SUBTOTAL of Receipts This Page (optional) ► 1011.75

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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) STEVEN LARSON		Date of Receipt
	Mailing Address P O BOX 192		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	CAMPBELL	MN	56522
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14579
		Amount of Each Receipt this Period	<input type="text" value="257.64"/>
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="257.64"/>

B.	Full Name (Last, First, Middle Initial) JEANETTE MILLER		Date of Receipt
	Mailing Address 18045 88 R ST SE		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14586
		Amount of Each Receipt this Period	<input type="text" value="305.52"/>
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="305.52"/>

C.	Full Name (Last, First, Middle Initial) LARRY C MILLER		Date of Receipt
	Mailing Address 18045 88 R ST SE		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	WHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.14585
		Amount of Each Receipt this Period	<input type="text" value="305.52"/>
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="305.52"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="868.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) BRUCE W OLSON		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 7145 174 R AVE SE		Transaction ID: SA11AI.14589		
	City WAHPETON	State ND	Zip Code 58075	Amount of Each Receipt this Period 761.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 761.52		

B.	Full Name (Last, First, Middle Initial) JOSEPH SAUTER		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 18155 100 ST SE		Transaction ID: SA11AI.14594		
	City FAIRMOUNT	State ND	Zip Code 58030	Amount of Each Receipt this Period 304.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 304.00		

C.	Full Name (Last, First, Middle Initial) LARRY SCHNEEBERGER		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 25651 290TH AVE		Transaction ID: SA11AI.14595		
	City WENDELL	State MN	Zip Code 56590-9714	Amount of Each Receipt this Period 339.72	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 339.72		

SUBTOTAL of Receipts This Page (optional)	▶	1405.24
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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) CHARLES SCHREIBER	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 3850 310TH AVE	Transaction ID: SA11AI.14596
	City State Zip Code FOXHOME MN 56543	Amount of Each Receipt this Period 950.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 950.00	

B.	Full Name (Last, First, Middle Initial) DARRIN SCHREINER	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 4984 167TH AVE SE	Transaction ID: SA11AI.14551
	City State Zip Code KINDRED ND 58051	Amount of Each Receipt this Period 486.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 486.40	

C.	Full Name (Last, First, Middle Initial) MICHAEL C STEINER	Date of Receipt MM / DD / YYYY 01 / 02 / 2009
	Mailing Address 3112 290TH ST	Transaction ID: SA11AI.14598
	City State Zip Code FOXHOME MN 56543-9412	Amount of Each Receipt this Period 209.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 209.76	

SUBTOTAL of Receipts This Page (optional)	1646.16
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 / 56
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) TROY THIMJON		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 17785 86TH ST SE		Transaction ID: SA11AI.14599		
	City WAHPETON	State ND	Zip Code 58075	Amount of Each Receipt this Period 1732.80	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 1732.80		

B.	Full Name (Last, First, Middle Initial) JOSEPH C WULFEKUHLE		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 2116 190TH ST		Transaction ID: SA11AI.14600		
	City WOLVERTON	State MN	Zip Code 56594-9574	Amount of Each Receipt this Period 343.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 343.52		

C.	Full Name (Last, First, Middle Initial) DAVID A YAGGIE		Date of Receipt MM / DD / YYYY 01 / 02 / 2009		
	Mailing Address 2681 STATE HWY 210		Transaction ID: SA11AI.14603		
	City BRECKENRIDGE	State MN	Zip Code 56520	Amount of Each Receipt this Period 1673.52	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 1673.52		

SUBTOTAL of Receipts This Page (optional)	3749.84
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 18 / 56
	(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Full Name (Last, First, Middle Initial) DONALD YAGGIE		Date of Receipt MM / DD / YYYY 01 / 02 / 2009
Mailing Address 2642 STATE HWY 210		Transaction ID: SA11AI.14604
City BRECKENRIDGE	State MN	Zip Code 56520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 304.00
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

B.

Full Name (Last, First, Middle Initial) RICHARD YAGGIE		Date of Receipt MM / DD / YYYY 01 / 02 / 2009
Mailing Address 2338 STATE HWY 210		Transaction ID: SA11AI.14605
City BRECKENRIDGE	State MN	Zip Code 56520-9665
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1883.28
Name of Employer SELF-EMPLOYED	Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1883.28	

SUBTOTAL of Receipts This Page (optional)	▶	2187.28
TOTAL This Period (last page this line number only)	▶	22600.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) KEN SALAZAR		Date of Receipt
	Mailing Address PO BOX 600		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DENVER	CO	80201
	FEC ID number of contributing federal political committee.		<input type="text" value="C S4CO00163"/>
Name of Employer		Occupation	Transaction ID: SA16.14743
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"/>	
			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) KEN SALAZAR		Date of Receipt
	Mailing Address PO BOX 600		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	DENVER	CO	80201
	FEC ID number of contributing federal political committee.		<input type="text" value="C S4CO00163"/>
Name of Employer		Occupation	Transaction ID: SA16.14775
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="2000.00"/>	
			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

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

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

FOR LINE NUMBER: PAGE 20 / 56
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK
Mailing Address 406 MAIN AVENUE
City FARGO State ND Zip Code 58126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 262.19
Date of Receipt 02 / 27 / 2009
Transaction ID: SA17.14746
Amount of Each Receipt this Period 98.32
INTEREST INCOME

B. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK
Mailing Address 406 MAIN AVENUE
City FARGO State ND Zip Code 58126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 263.31
Date of Receipt 03 / 23 / 2009
Transaction ID: SA17.14806
Amount of Each Receipt this Period 1.12
INTEREST INCOME

C. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK
Mailing Address 406 MAIN AVENUE
City FARGO State ND Zip Code 58126
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 351.06
Date of Receipt 03 / 31 / 2009
Transaction ID: SA17.14769
Amount of Each Receipt this Period 87.75
INTEREST INCOME

SUBTOTAL of Receipts This Page (optional) ► 187.19
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 / 56
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14807
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.82"/>
		<input type="text" value="351.88"/>	INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14804
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="62.45"/>
		<input type="text" value="414.33"/>	INTEREST INCOME

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14808
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.54"/>
		<input type="text" value="414.87"/>	INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="63.81"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 56
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14805
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="62.46"/>
		<input type="text" value="477.33"/>	INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14864
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.75"/>
		<input type="text" value="478.08"/>	INTEREST INCOME

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14865
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="55.85"/>
		<input type="text" value="533.93"/>	INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="119.06"/>
TOTAL This Period (last page this line number only)	<input type="text" value="370.06"/>

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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) NORTH DAKOTA TAX COMMISSIONER	Transaction ID: SB21B.14718
	Mailing Address STATE CAPTIOL 600 EAST BLVD AVE	Date of Disbursement MM / DD / YYYY 02 / 13 / 2009
	City BISMARCK	State ND
	Zip Code 58505-0599	Amount of Each Disbursement this Period 51.00
	Purpose of Disbursement TAX	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> 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:	

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14715
	Mailing Address 406 MAIN AVENUE	Date of Disbursement MM / DD / YYYY 01 / 26 / 2009
	City FARGO	State ND
	Zip Code 58126	Amount of Each Disbursement this Period 5.00
	Purpose of Disbursement SERVICE CHARGE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> 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:	

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14714
	Mailing Address 406 MAIN AVENUE	Date of Disbursement MM / DD / YYYY 02 / 13 / 2009
	City FARGO	State ND
	Zip Code 58126	Amount of Each Disbursement this Period 662.00
	Purpose of Disbursement TAX	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> 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)	718.00
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 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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14744 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14825 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="03"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14826 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="04"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

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 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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14827 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="05"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14863 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="06"/> <input type="text" value="22"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14861 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="06"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement DEP TICK CHG	<input type="text" value="27.29"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

37.29

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

770.29

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)

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) GARY L. ACKERMAN Mailing Address 113 Deer Run City Roslyn Heights State NY Zip Code 11577 Purpose of Disbursement Candidate Name GARY L. ACKERMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14763 Date of Disbursement 04 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE Mailing Address 1156 15TH ST NW SUITE 1101 City WASHINGTON State DC Zip Code 20005 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14754 Date of Disbursement 03 / 18 / 2009
	Amount of Each Disbursement this Period 5000.00
C. Full Name (Last, First, Middle Initial) MICHAEL A. ARCURI Mailing Address PO Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Candidate Name MICHAEL A. ARCURI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14856 Date of Disbursement 06 / 22 / 2009
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN A BARRASSO	Transaction ID: SB23.14709 Date of Disbursement 02 / 18 / 2009
	Mailing Address 6896 CASPER MOUNTAIN ROAD	Amount of Each Disbursement this Period 1000.00
	City CASPER State WY Zip Code 82601	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN A BARRASSO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sen. MAX BAUCUS	Transaction ID: SB23.14689 Date of Disbursement 02 / 16 / 2009
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 1000.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement	Category/Type
	Candidate Name Sen. MAX BAUCUS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL F BENNET	Transaction ID: SB23.14847 Date of Disbursement 06 / 22 / 2009
	Mailing Address 2830 EAST 7TH AVENUE	Amount of Each Disbursement this Period 1000.00
	City DENVER State CO Zip Code 80206	
	Purpose of Disbursement	Category/Type
	Candidate Name MICHAEL F BENNET	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN A BOCCIERI	Transaction ID: SB23.14837 Date of Disbursement 06 / 11 / 2009
	Mailing Address PO BOX 3016	
	City ALLIANCE State OH Zip Code 44601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOHN A BOCCIERI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHARLES DR. JR. BOUSTANY	Transaction ID: SB23.14735 Date of Disbursement 03 / 04 / 2009
	Mailing Address PO Box 80125	
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name CHARLES DR. JR. BOUSTANY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BOBBY NEAL MR. SR. BRIGHT	Transaction ID: SB23.14758 Date of Disbursement 04 / 17 / 2009
	Mailing Address 246 North Court Street Unit G	
	City Montgomery State AL Zip Code 36104	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name BOBBY NEAL MR. SR. BRIGHT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) RICHARD BURR	Transaction ID: SB23.14786	
	Mailing Address Post Office Box 5928	Date of Disbursement 05 / 05 / 2009	
	City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name RICHARD BURR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
B.	Full Name (Last, First, Middle Initial) Rep. DAVID LEE CAMP	Transaction ID: SB23.14688	
	Mailing Address 5905 Wimbledon Ct.	Date of Disbursement 02 / 16 / 2009	
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name Rep. DAVID LEE CAMP Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
C.	Full Name (Last, First, Middle Initial) JOHN CARTER	Transaction ID: SB23.14799	
	Mailing Address 1144 RED BUD LANE	Date of Disbursement 06 / 05 / 2009	
	City ROUND ROCK State TX Zip Code 78664	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Candidate Name JOHN CARTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

<p>A. Full Name (Last, First, Middle Initial) WILLIAM CASSIDY</p> <p>Mailing Address 3115 DALRYMPLE DRIVE SUITE 1</p> <p>City State Zip Code BATON ROUGE LA 70802</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name WILLIAM CASSIDY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14790 Date of Disbursement 05 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JASON CHAFFETZ</p> <p>Mailing Address 315 Westfield Circle</p> <p>City State Zip Code Alpine UT 84004</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JASON CHAFFETZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14839 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) TRAVIS W CHILDERS</p> <p>Mailing Address 201 HIDDEN HILLS</p> <p>City State Zip Code BOONEVILLE MS 38829</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name TRAVIS W CHILDERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14855 Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) MIKE COFFMAN	Transaction ID: SB23.14699 Date of Disbursement
	Mailing Address 9249 SOUTH BROADWAY #200-501	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City HighLANDS RANCH State CO Zip Code 80129	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MIKE COFFMAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MIKE COFFMAN	Transaction ID: SB23.14811 Date of Disbursement
	Mailing Address 9249 SOUTH BROADWAY #200-501	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City HighLANDS RANCH State CO Zip Code 80129	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="-1000.00"/>
	Candidate Name MIKE COFFMAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) K MICHAEL CONAWAY	Transaction ID: SB23.14742 Date of Disbursement
	Mailing Address 4100 Cardinal Lane	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City MIDLAND State TX Zip Code 79707	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name K MICHAEL CONAWAY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) LINCOLN EDWARD DAVIS	Transaction ID: SB23.14762
	Mailing Address 1690 DELK CREEK RD	Date of Disbursement MM / DD / YYYY 04 / 23 / 2009
	City PALL MALL State TN Zip Code 38577	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name LINCOLN EDWARD DAVIS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 04	

B.	Full Name (Last, First, Middle Initial) NORM DICKS	Transaction ID: SB23.14669
	Mailing Address PO Box 1663	Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	City Tacoma State WA Zip Code 98401	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name NORM DICKS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WA District: 06	

C.	Full Name (Last, First, Middle Initial) JOSEPH SIMON MR. DONNELLY	Transaction ID: SB23.14852
	Mailing Address 16200 Foxcross Dr.	Date of Disbursement MM / DD / YYYY 06 / 22 / 2009
	City Granger State IN Zip Code 46530	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOSEPH SIMON MR. DONNELLY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IN District: 02	

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Sen. BYRON L DORGAN	Transaction ID: SB23.14787 Date of Disbursement
	Mailing Address 1001 EAST CENTRAL AVENUE APT #8	<input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BISMARCK State ND Zip Code 58501	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Sen. BYRON L DORGAN	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BRAD ELLSWORTH	Transaction ID: SB23.14736 Date of Disbursement
	Mailing Address PO BOX 62	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City EVANSVILLE State IN Zip Code 47701	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name BRAD ELLSWORTH	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. JO ANN H EMERSON	Transaction ID: SB23.14675 Date of Disbursement
	Mailing Address 1637 THEMIS	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City CAPE GIRARDEAU State MO Zip Code 63701	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. JO ANN H EMERSON	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. BOB FILNER <hr/> Mailing Address PO Box 127868 <hr/> City San Diego State CA Zip Code 92112 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. BOB FILNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14695 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Rep. BOB FILNER <hr/> Mailing Address PO Box 127868 <hr/> City San Diego State CA Zip Code 92112 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. BOB FILNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14809 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period -1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN CALVIN JR. FLEMING <hr/> Mailing Address P.O. Box 1236 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement <hr/> Candidate Name JOHN CALVIN JR. FLEMING <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14788 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Sen. CHARLES E GRASSLEY	Transaction ID: SB23.14694 Date of Disbursement
	Mailing Address PO BOX 1000	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Sen. CHARLES E GRASSLEY	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SAMUEL B JR (SAM) GRAVES	Transaction ID: SB23.14703 Date of Disbursement
	Mailing Address 110 S 10TH STREET	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City TARKIO State MO Zip Code 64491	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name SAMUEL B JR (SAM) GRAVES	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RAYMOND E. 'GENE' GREEN	Transaction ID: SB23.14756 Date of Disbursement
	Mailing Address PO Box 16128	<input type="text" value="04"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Houston State TX Zip Code 77222	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name RAYMOND E. 'GENE' GREEN	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) STEVEN BRETT GUTHRIE <hr/> Mailing Address 1005 WRENWOOD DRIVE <hr/> City BOWLING GREEN State KY Zip Code 42103 Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name STEVEN BRETT GUTHRIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14792 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ALCEE L HASTINGS <hr/> Mailing Address 2235 RAYBURN OFFICE BUILDING <hr/> City WASHINGTON State DC Zip Code 20515 Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name ALCEE L HASTINGS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14730 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rep. BARON HILL <hr/> Mailing Address 1136 KENSINGTON CT <hr/> City SEYMOUR State IN Zip Code 47274 Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. BARON HILL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14686 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. T. TIMOTHY HOLDEN	Transaction ID: SB23.14798 Date of Disbursement 06 / 05 / 2009
	Mailing Address 31 Pearl Street	Amount of Each Disbursement this Period 1000.00
	City SAINT CLAIR State PA Zip Code 17970	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. T. TIMOTHY HOLDEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. T. TIMOTHY HOLDEN	Transaction ID: SB23.14830 Date of Disbursement 06 / 05 / 2009
	Mailing Address 31 Pearl Street	Amount of Each Disbursement this Period -1000.00
	City SAINT CLAIR State PA Zip Code 17970	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. T. TIMOTHY HOLDEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. DUNCAN HUNTER	Transaction ID: SB23.14828 Date of Disbursement 06 / 02 / 2009
	Mailing Address 9340 FUERTE DRIVE SUITE 302	Amount of Each Disbursement this Period 1000.00
	City LA MESA State CA Zip Code 91941	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. DUNCAN HUNTER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Sen. DANIEL K INOUE	Transaction ID: SB23.14668 Date of Disbursement
	Mailing Address 1088 BISHOP STREET SUITE 1009	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City HONOLULU State HI Zip Code 96813	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Sen. DANIEL K INOUE	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN HARDY ISAKSON	Transaction ID: SB23.14740 Date of Disbursement
	Mailing Address POST OFFICE BOX 250116	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City ATLANTA State GA Zip Code 30325	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name JOHN HARDY ISAKSON	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LYNN JENKINS	Transaction ID: SB23.14733 Date of Disbursement
	Mailing Address 5940 S. W. Clarion Lane	<input type="text" value="03"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Topeka State KS Zip Code 66610	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name LYNN JENKINS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 / 56

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) STEVEN L KAGEN	Transaction ID: SB23.14794 Date of Disbursement 06 / 05 / 2009
	Mailing Address 1712 S. Mason St.	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54914	
	Purpose of Disbursement	Category/Type
	Candidate Name STEVEN L KAGEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRANK KRATOVIL	Transaction ID: SB23.14739 Date of Disbursement 03 / 04 / 2009
	Mailing Address 222 MAINSAIL DRIVE	Amount of Each Disbursement this Period 1000.00
	City STEVENSVILLE State MD Zip Code 21666	
	Purpose of Disbursement	Category/Type
	Candidate Name FRANK KRATOVIL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. RICK LARSEN	Transaction ID: SB23.14738 Date of Disbursement 03 / 04 / 2009
	Mailing Address P.O. Box 326	Amount of Each Disbursement this Period 1000.00
	City Everett State WA Zip Code 98206	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. RICK LARSEN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

Use separate schedule(s)
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(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.14704 Date of Disbursement 02 / 16 / 2009
	Mailing Address 103 SEWANNEE AVE N W	Amount of Each Disbursement this Period 1000.00
	City ATLANTA State GA Zip Code 30314	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN H SR LEWIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. FRANK D LUCAS	Transaction ID: SB23.14711 Date of Disbursement 02 / 16 / 2009
	Mailing Address RR2 BOX 136	Amount of Each Disbursement this Period 1000.00
	City CHEYENNE State OK Zip Code 73628	
	Purpose of Disbursement	Category/Type
	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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. FRANK D LUCAS	Transaction ID: SB23.14812 Date of Disbursement 05 / 05 / 2009
	Mailing Address RR2 BOX 136	Amount of Each Disbursement this Period -1000.00
	City CHEYENNE State OK Zip Code 73628	
	Purpose of Disbursement	Category/Type
	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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) W BLAINE LUETKEMEYER	Transaction ID: SB23.14731 Date of Disbursement 03 / 04 / 2009
	Mailing Address 215 MAIN STREET	Amount of Each Disbursement this Period 1000.00
	City ST ELIZABETH State MO Zip Code 65075	
	Purpose of Disbursement	Category/Type
	Candidate Name W BLAINE LUETKEMEYER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CYNTHIA M LUMMIS	Transaction ID: SB23.14670 Date of Disbursement 02 / 16 / 2009
	Mailing Address 3905 Bent Ave. N/A	Amount of Each Disbursement this Period 1000.00
	City Cheyenne State WY Zip Code 82001	
	Purpose of Disbursement	Category/Type
	Candidate Name CYNTHIA M LUMMIS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DANIEL E LUNGREN	Transaction ID: SB23.14677 Date of Disbursement 02 / 16 / 2009
	Mailing Address 2002 DISCOVERY VILLAGE LANE	Amount of Each Disbursement this Period 1000.00
	City GOLD RIVER State CA Zip Code 95670	
	Purpose of Disbursement	Category/Type
	Candidate Name DANIEL E LUNGREN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ELIZABETH HELEN MARKEY	Transaction ID: SB23.14697 Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	Mailing Address 430 W MOUNTAIN AVE	Amount of Each Disbursement this Period 1000.00
	City FORT COLLINS State CO Zip Code 80521	
	Purpose of Disbursement	Category/Type
	Candidate Name ELIZABETH HELEN MARKEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ERIC JJ MASSA	Transaction ID: SB23.14853 Date of Disbursement MM / DD / YYYY 06 / 22 / 2009
	Mailing Address 170 Delevan Avenue	Amount of Each Disbursement this Period 1000.00
	City Corning State NY Zip Code 14830	
	Purpose of Disbursement	Category/Type
	Candidate Name ERIC JJ MASSA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BETTY MCCOLLUM	Transaction ID: SB23.14857 Date of Disbursement MM / DD / YYYY 06 / 22 / 2009
	Mailing Address PO BOX 14131	Amount of Each Disbursement this Period 1000.00
	City ST PAUL State MN Zip Code 55114	
	Purpose of Disbursement	Category/Type
	Candidate Name BETTY MCCOLLUM	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER	Transaction ID: SB23.14667
	Mailing Address 18430 GOLFVIEW	Date of Disbursement MM / DD / YYYY 02 / 16 / 2009
	City LIVONIA State MI Zip Code 48152	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name THADDEUS G MCCOTTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 11	

B.	Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER	Transaction ID: SB23.14729
	Mailing Address 18430 GOLFVIEW	Date of Disbursement MM / DD / YYYY 02 / 27 / 2009
	City LIVONIA State MI Zip Code 48152	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name THADDEUS G MCCOTTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 11	

C.	Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER	Transaction ID: SB23.14813
	Mailing Address 18430 GOLFVIEW	Date of Disbursement MM / DD / YYYY 05 / 05 / 2009
	City LIVONIA State MI Zip Code 48152	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement	
	Candidate Name THADDEUS G MCCOTTER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 11	

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

<p>A. Full Name (Last, First, Middle Initial) CHARLIE JR. MELANCON</p> <p>Mailing Address PO Box 549 PO BOX 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name CHARLIE JR. MELANCON Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 03</p>	<p>Transaction ID: SB23.14656 Date of Disbursement: 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JEFFREY ALAN MERKLEY</p> <p>Mailing Address 1351 SE 114TH AVE</p> <p>City PORTLAND State OR Zip Code 97216</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JEFFREY ALAN MERKLEY Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00</p>	<p>Transaction ID: SB23.14692 Date of Disbursement: 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WALTER C MINNICK</p> <p>Mailing Address 35 EAST BOWER STREET</p> <p>City MERIDIAN State ID Zip Code 83642</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name WALTER C MINNICK Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 01</p>	<p>Transaction ID: SB23.14673 Date of Disbursement: 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. JERRY MORAN	Transaction ID: SB23.14795 Date of Disbursement
	Mailing Address 2758 Thunderbird Drive	<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Hays State KS Zip Code 67601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="500.00"/>
	Candidate Name Rep. JERRY MORAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PATTY MURRAY	Transaction ID: SB23.14760 Date of Disbursement
	Mailing Address BOX 3662	<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City SEATTLE State WA Zip Code 98124	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name PATTY MURRAY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GRACE NAPOLITANO	Transaction ID: SB23.14696 Date of Disbursement
	Mailing Address 12946 E. Belcher St.	<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Norwalk State CA Zip Code 90650	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name GRACE NAPOLITANO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) RANDY NEUGEBAUER	Transaction ID: SB23.14761
	Mailing Address 8200-C NASHVILLE AV	Date of Disbursement MM / DD / YYYY 04 / 17 / 2009
	City LUBBOCK State TX Zip Code 79413	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name RANDY NEUGEBAUER	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) SOLOMON P ORTIZ	Transaction ID: SB23.14800
	Mailing Address 4514 CARLOW	Date of Disbursement MM / DD / YYYY 06 / 05 / 2009
	City CORPUS CHRISTI State TX Zip Code 78413	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	Category/ Type
	Candidate Name SOLOMON P ORTIZ	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ERIK PAULSEN	Transaction ID: SB23.14858
	Mailing Address PO Box 44369	Date of Disbursement MM / DD / YYYY 06 / 25 / 2009
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement	Category/ Type
	Candidate Name ERIK PAULSEN	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) NANCY PELOSI	Transaction ID: SB23.14846 Date of Disbursement 06 / 22 / 2009
	Mailing Address 235 Montgomery Street Suite 610	Amount of Each Disbursement this Period 2500.00
	City San Francisco State CA Zip Code 94104	
	Purpose of Disbursement	Category/Type
	Candidate Name NANCY PELOSI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) EDWIN G PERLMUTTER	Transaction ID: SB23.14851 Date of Disbursement 06 / 22 / 2009
	Mailing Address 3440 YOUNGFIELD ST #264	Amount of Each Disbursement this Period 1000.00
	City WHEAT RIDGE State CO Zip Code 80033	
	Purpose of Disbursement	Category/Type
	Candidate Name EDWIN G PERLMUTTER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GARY PETERS	Transaction ID: SB23.14701 Date of Disbursement 02 / 16 / 2009
	Mailing Address PO BOX 226	Amount of Each Disbursement this Period 1000.00
	City BLOOMFIELD HILLS State MI Zip Code 48303	
	Purpose of Disbursement	Category/Type
	Candidate Name GARY PETERS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. COLLIN C PETERSON <hr/> Mailing Address PO BOX 265 <hr/> City DETROIT LAKES State MN Zip Code 56502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. COLLIN C PETERSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14683 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Rep. COLLIN C PETERSON <hr/> Mailing Address PO BOX 265 <hr/> City DETROIT LAKES State MN Zip Code 56502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. COLLIN C PETERSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14705 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Rep. COLLIN C PETERSON <hr/> Mailing Address PO BOX 265 <hr/> City DETROIT LAKES State MN Zip Code 56502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. COLLIN C PETERSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.14860 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3100.00
TOTAL This Period (last page this line number only) ▶	(Empty)

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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. EARL RALPH POMEROY	Transaction ID: SB23.14710 Date of Disbursement
	Mailing Address Post Office Box 9336	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. EARL RALPH POMEROY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JAMES E RISCH	Transaction ID: SB23.14684 Date of Disbursement
	Mailing Address 407 W JEFFERSON STREET	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BOISE State ID Zip Code 83702	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JAMES E RISCH	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL J ROGERS	Transaction ID: SB23.14713 Date of Disbursement
	Mailing Address 6899 CORRIGAN DRIVE	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BRIGHTON State MI Zip Code 48116	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL J ROGERS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

<p>A. Full Name (Last, First, Middle Initial) STEVEN R ROTHMAN</p> <p>Mailing Address Court Plaza North 25 Main Street</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name STEVEN R ROTHMAN Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14682 Date of Disbursement 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STEVEN R ROTHMAN</p> <p>Mailing Address Court Plaza North 25 Main Street</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name STEVEN R ROTHMAN Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14752 Date of Disbursement 03 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN T SALAZAR</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JOHN T SALAZAR Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14712 Date of Disbursement 02 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. LORETTA SANCHEZ	Transaction ID: SB23.14676 Date of Disbursement
	Mailing Address 1212 S. Victory Blvd.	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. LORETTA SANCHEZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARK HAMILTON SCHAUER	Transaction ID: SB23.14706 Date of Disbursement
	Mailing Address 1795 HAMILTON ROAD	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BATTLE CREEK State MI Zip Code 49017	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MARK HAMILTON SCHAUER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AARON JON MR. SCHOCK	Transaction ID: SB23.14802 Date of Disbursement
	Mailing Address 1040 East Melbourne Ave	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Peoria State IL Zip Code 61603	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name AARON JON MR. SCHOCK	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) KURT SCHRADER	Transaction ID: SB23.14680 Date of Disbursement 02 / 16 / 2009
	Mailing Address 2525 N BAKER DRIVE	Amount of Each Disbursement this Period 1000.00
	City CANBY State OR Zip Code 97013	
	Purpose of Disbursement	Category/Type
	Candidate Name KURT SCHRADER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. JOSE E SERRANO	Transaction ID: SB23.14687 Date of Disbursement 02 / 16 / 2009
	Mailing Address 910 GRAND CONCOURSE	Amount of Each Disbursement this Period 1000.00
	City BRONX State NY Zip Code 10451	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. JOSE E SERRANO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. JOSE E SERRANO	Transaction ID: SB23.14753 Date of Disbursement 03 / 04 / 2009
	Mailing Address 910 GRAND CONCOURSE	Amount of Each Disbursement this Period -1000.00
	City BRONX State NY Zip Code 10451	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. JOSE E SERRANO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1000.00
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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. MICHAEL K SIMPSON	Transaction ID: SB23.14672 Date of Disbursement
	Mailing Address PO BOX 1541	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BOISE State ID Zip Code 83701	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. MICHAEL K SIMPSON	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADRIAN SMITH	Transaction ID: SB23.14797 Date of Disbursement
	Mailing Address 1150 N STREET	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City GERING State NE Zip Code 69341	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name ADRIAN SMITH	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. JOHN MCKEE JR SPRATT	Transaction ID: SB23.14836 Date of Disbursement
	Mailing Address 233 KINGS MOUNTAIN STREET	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City YORK State SC Zip Code 29745	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. JOHN MCKEE JR SPRATT	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. JOHN S TANNER	Transaction ID: SB23.14708 Date of Disbursement
	Mailing Address 1900 MEADOWLARK DRIVE	<input type="text" value="02"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City UNION CITY State TN Zip Code 38261	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. JOHN S TANNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.14755 Date of Disbursement
	Mailing Address 1156 15TH STREET NW SUITE 1019	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TIMOTHY J WALZ	Transaction ID: SB23.14796 Date of Disbursement
	Mailing Address 12 Valley View Place	<input type="text" value="06"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Mankato State MN Zip Code 56001	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name TIMOTHY J WALZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) TIMOTHY J WALZ	Transaction ID: SB23.14829
	Mailing Address 12 Valley View Place	Date of Disbursement 06 / 05 / 2009
	City Mankato State MN Zip Code 56001	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement	
	Candidate Name TIMOTHY J WALZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 01	
B.	Full Name (Last, First, Middle Initial) SHELDON II WHITEHOUSE	Transaction ID: SB23.14690
	Mailing Address 32 ELMGROVE AVENUE	Date of Disbursement 02 / 16 / 2009
	City PROVIDENCE State RI Zip Code 02906	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name SHELDON II WHITEHOUSE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: RI District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

84600.00