

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) 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 11 01 2009 through 11 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Dana Brooks

Signature of Treasurer Electronically Filed by Dana Brooks Date 02 17 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3844.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	4913.17									
(c) Total Receipts (from Line 19)	1112.50	58197.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6025.67	62041.35								
7. Total Disbursements (from Line 31)	1325.75	57341.34								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4699.92	4700.01								
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

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1000.00	31970.00
(ii) Unitemized	112.50	4227.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1112.50	36197.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1112.50	58197.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1112.50	58197.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1112.50	58197.00

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.....	75.75	566.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	75.75	566.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1250.00	56775.00
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))..	1325.75	57341.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1325.75	57341.34

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)	1112.50	58197.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1112.50	58197.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	75.75	566.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	75.75	566.34

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Jamie Jonker	Date of Receipt MM / DD / YYYY 11 / 19 / 2009
	Mailing Address 2101 Wilson Blvd Suite 400	Transaction ID: A8E0F590635F34EFA990
	City Arlington State VA Zip Code 22201-3062	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Milk Producers Federation Occupation Director, Regulatory Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

B.	Full Name (Last, First, Middle Initial) Dana Brooks	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 401 13th Street, NE 110	Transaction ID: A7E26DB8D757445BEB7B
	City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Shawna Morris	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 3015 Nicosh Circle # 2310	Transaction ID: ADA8217180475418C952
	City Falls Church State VA Zip Code 22042	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Milk Producers Federation Occupation Trade Coordinator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	150.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 7 / 11
	<input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Tom Balmer	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 1303 Hancock Ave	Transaction ID: AB81B6B17A92944D48A7
	City State Zip Code Alexandra VA 22301	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Milk Producers Federation Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1660.00	

B.	Full Name (Last, First, Middle Initial) Mary Knigge	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 908 N. Wayne St Apt 304	Transaction ID: A9AF70A02C2B0446FB56
	City State Zip Code Arlington VA 22201-5916	Amount of Each Receipt this Period 24.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Milk Producers Federation Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Chris Galen	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 3467a S. Stafford St	Transaction ID: AEC1E4F0500884E67963
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer National Milk Producers Federation Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Peter Vitaliano</p> <p>Mailing Address 6306 N. 28th St</p> <p>City State Zip Code Arlington VA 22207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Milk Producers Federation Occupation: Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 25 / 2009</p> <p>Transaction ID: A7B2E25E1FB6249D9A70</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jim Tillison</p> <p>Mailing Address 13951 Real Quite Ct</p> <p>City State Zip Code Gainsville VA 20155</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Milk Producers Federation Occupation: Sr. Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1635.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 25 / 2009</p> <p>Transaction ID: A63CAF1CE508E48AE90F</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Jerry Kozak</p> <p>Mailing Address 9844 Palace Green Way</p> <p>City State Zip Code Vienna VA 22181</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: National Milk Producers Federation Occupation: Ceo</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 25 / 2009</p> <p>Transaction ID: A5BD3BFE3D88A4155A25</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 11
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Jaime Castaneda		Date of Receipt
Mailing Address 1744 Pine Valley Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee.		Transaction ID: A9DBF97A7A6FB4B91B6C
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 90.00
Name of Employer National Milk Producers Federation	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 900.00	

B.

Full Name (Last, First, Middle Initial) Roger Cryan		Date of Receipt
Mailing Address 9367 Tovito Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 5 / 2 0 0 9
City	State	Zip Code
Fairfax	VA	22031
FEC ID number of contributing federal political committee.		Transaction ID: A7E59FB4681374060B69
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 60.00
Name of Employer National Milk Producers Federation	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 600.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/> 1000.00

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB32413A6BC3C4C08B1D</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">63.75</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	63.75
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
63.75																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Sun Trust Bank</p> <p>Mailing Address PO Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9280CE5BCC464580BE2</p> <p>Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">12.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	9	12.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	0	/	2	0	0	9													
12.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

75.75

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

75.75

**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 11 / 11

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

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

A. Full Name (Last, First, Middle Initial) Valley Political Action Committee <hr/> Mailing Address P.O. Box 77693 <hr/> City Washington State DC Zip Code 20013 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4FD816C54FB947FA9CC Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 750.00
B. Full Name (Last, First, Middle Initial) Welch For Congress <hr/> Mailing Address PO Box 1086 <hr/> City Montpelier State VT Zip Code 05601 Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B66B43D8770934E8285E Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional) ►

1250.00

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

1250.00