

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 Council of Farmer Cooperatives CO-OP/PAC

ADDRESS (number and street) 50 F Street, NW Suite 900 Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00002238 3. IS THIS REPORT 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, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 05 01 2006 through 05 31 2006

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 Susan Williamson Signature of Treasurer Electronically Filed by Susan Williamson Date 06 09 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Council of Farmer Cooperatives CO-OP/PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 26497.83 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 63866.83 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 13750.00 | 43919.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 77616.83 | 70416.83 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 13500.00 | 6300.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 64116.83 | 64116.83 | | | | | | | | |
| 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**

Write or Type Committee Name
National Council of Farmer Cooperatives CO-OP/PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 5 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| 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 | 7150.00 | 15340.00 |
| (i) Itemized (use Schedule A) | 1600.00 | 6079.00 |
| (ii) Unitemized | 8750.00 | 21419.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 5000.00 | 22500.00 |
| (c) Other Political Committees (such as PACs) | 13750.00 | 43919.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | | |
| 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)) | 13750.00 | 43919.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 13750.00 | 43919.00 |

DETAILED SUMMARY PAGE

of Disbursements

| 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..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 13500.00 | 6300.00 |
| 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)).. | 13500.00 | 6300.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 13500.00 | 6300.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 13750.00 | 43919.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13750.00 | 43919.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|--|---|-------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 17 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. Phil Becker

Mailing Address 20966 Audrain Road 314

City State Zip Code
Mexico MO 65265

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

Name of Employer Occupation
MFA Incorporated Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1641

Amount of Each Receipt this Period
225.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Glen Cope

Mailing Address Route 3, Box 284

City State Zip Code
Aurora MO 65605

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

Name of Employer Occupation
MFA Inc. Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1640

Amount of Each Receipt this Period
225.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Don Copenhaver

Mailing Address 10800 Rte. Z

City State Zip Code
Hallsville MO 65255

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

Name of Employer Occupation
MFA Incorporated Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 6

Transaction ID: R1657

Amount of Each Receipt this Period
500.00

Credit Card

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 950.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Cottrill

Mailing Address Rt. 1, Box 150

City Albany State MO Zip Code 64402

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

Name of Employer MFA Incorporated Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
05 / 24 / 2006

Transaction ID: R1656

Amount of Each Receipt this Period
225.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Mr. William Davisson

Mailing Address 502 Chelsea

City Bloomington State IL Zip Code 61704

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

Name of Employer Growmark, Inc. Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 02 / 2006

Transaction ID: R1647

Amount of Each Receipt this Period
1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mr. Joe Dent

Mailing Address 1378 30th Street

City Humeston State IA Zip Code 50123

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

Name of Employer MFA Incorporated Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
05 / 02 / 2006

Transaction ID: R1639

Amount of Each Receipt this Period
225.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1450.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 17 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Dilland

Mailing Address 41310 Bridge Street

City State Zip Code
Novi MI 48376-8002

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

Name of Employer Michigan Milk Producers Assn.
Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 0 6

Transaction ID: R1659

Amount of Each Receipt this Period
1000.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Lester Evans

Mailing Address 18000 Hwy 64

City State Zip Code
Lebanon MO 65536

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

Name of Employer MFA Incorporated
Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1638

Amount of Each Receipt this Period
225.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Jim D. Fife

Mailing Address P.O. Box 64101

City State Zip Code
St. Paul MN 55164

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

Name of Employer Land O'Lakes, Inc.
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1627

Amount of Each Receipt this Period
250.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1475.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stanley Hemeyer

Mailing Address 21 Deves Road

City State Zip Code
Montgomery City MO 63361

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

Name of Employer Occupation
MFA Incorporated Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1637

Amount of Each Receipt this Period
225.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Kendall Kircher

Mailing Address 2962 State Route P

City State Zip Code
New Franklin MO 65274

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

Name of Employer Occupation
MFA Inc. Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1636

Amount of Each Receipt this Period
225.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Steven Krikava

Mailing Address 5417 Malibu Drive

City State Zip Code
Edina MN 55436

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

Name of Employer Occupation
Land O'Lakes, Inc.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1625

Amount of Each Receipt this Period
500.00

Check

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 950.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 17 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Mr. Timothy H. Lichte | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address 15106 Hwy. 24 | | Transaction ID: R1635 | |
| City Lexington State MO Zip Code 64067 | Amount of Each Receipt this Period 225.00 | | |
| FEC ID number of contributing federal political committee. C | Check | | |
| Name of Employer MFA Incorporated Occupation | Aggregate Year-to-Date ▼ 225.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mr. Michael A. Lorigan | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address RR1, Box 46A | | Transaction ID: R1634 | |
| City Revere State MO Zip Code 63465 | Amount of Each Receipt this Period 225.00 | | |
| FEC ID number of contributing federal political committee. C | Check | | |
| Name of Employer MFA Incorporated Occupation Board Member | Aggregate Year-to-Date ▼ 225.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mr. Randy Ludwig | | Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 6 | |
| Mailing Address 2729 County Road 436 | | Transaction ID: R1633 | |
| City Jackson State MO Zip Code 63755 | Amount of Each Receipt this Period 225.00 | | |
| FEC ID number of contributing federal political committee. C | Check | | |
| Name of Employer MFA Incorporated Occupation | Aggregate Year-to-Date ▼ 225.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 675.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. William C. McClure

Mailing Address 26938 Camp Branch Rd.

City State Zip Code
Sedalia MO 65301

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

Name of Employer Occupation
MFA Incorporated Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1632

Amount of Each Receipt this Period
225.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Don Mills

Mailing Address 4785 E. 1260 Road

City State Zip Code
El Dorado Springs MO 64744

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

Name of Employer Occupation
MFA Inc. Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1631

Amount of Each Receipt this Period
225.00

Check

C. Full Name (Last, First, Middle Initial)
Mr. Christopher J. Policinski

Mailing Address P.O. Box 64101

City State Zip Code
St. Paul MN 55164-0101

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

Name of Employer Occupation
Land O'Lakes, Inc. President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1624

Amount of Each Receipt this Period
750.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1200.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Mr. R.T. Sloan

Mailing Address Rt. 1, Box 199

City State Zip Code
Hamilton MO 64644

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

Name of Employer MFA Incorporated Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1630

Amount of Each Receipt this Period
225.00

Check

B. Full Name (Last, First, Middle Initial)
Mr. Harry Thompson

Mailing Address 8009 Stringtown Station

City State Zip Code
Lohman MO 65053

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

Name of Employer MFA Incorporated Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 2 / 2 0 0 6

Transaction ID: R1629

Amount of Each Receipt this Period
225.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 450.00 |
| TOTAL This Period (last page this line number only) | ▶ | 7150.00 |

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

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name (Last, First, Middle Initial)
Land O' Lakes, Inc.

Mailing Address P.O. Box 64101

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| St. Paul | MN | 55164 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| | |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: R1626

Amount of Each Receipt this Period
5000.00

Check

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 5000.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) Boswell for Congress | | Transaction ID: D1007 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 6220 | | Amount of Each Disbursement this Period 1000.00 |
| City Des Moines State IA Zip Code 50309 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Leonard L. Boswell | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Friends of Farr | | Transaction ID: D1009 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 729 15th Street, NW, Third Floor | | Amount of Each Disbursement this Period 500.00 |
| City Washington State DC Zip Code 20005 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Sam Farr | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro | | Transaction ID: D1002 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address P.O. Box 75214 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20013-5214 | Category/ Type | |
| Purpose of Disbursement Contr. | | |
| Candidate Name Rosa L. DeLauro | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 17

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Graves for Congress | | Transaction ID: D1011 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 2345 Grand, Suite 2400 | | Amount of Each Disbursement this Period 1000.00 |
| City Kansas City State MO Zip Code 64108 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Samuel B. Graves, Jr. | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Herseth for Congress | | Transaction ID: D1010 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address P.O. Box 75214 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20013-5214 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Stephanie Herseth | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Hulshof for Congress | | Transaction ID: D1008 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 |
| Mailing Address 616 E Street, NW, Suite 802 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20004 | | |
| Purpose of Disbursement Contr. | Category/Type | |
| Candidate Name Kenny C. Hulshof | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 16 / 17

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Ike Skelton for Congress Committee | | Transaction ID: D1012 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 6 | |
| Mailing Address P.O. Box A | | Amount of Each Disbursement this Period 500.00 | |
| City Harrisonville State MO Zip Code 64701 | Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name Ike Skelton | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. John T. Doolittle for Congress | | Transaction ID: D1001 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 | |
| Mailing Address 10531 Mereworth Lane | | Amount of Each Disbursement this Period 2500.00 | |
| City Oakton State VA Zip Code 22124 | Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name John T. Doolittle | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Lucas for Congress | | Transaction ID: D1004 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 | |
| Mailing Address Post Office Box 1726 | | Amount of Each Disbursement this Period 2000.00 | |
| City Oklahoma City State OK Zip Code 73101 | Purpose of Disbursement Contr. | Category/ Type | |
| Candidate Name Frank D. Lucas | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
National Council of Farmer Cooperatives CO-OP/PAC

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Nelson for U.S. Senate Committee | | Transaction ID: D1005 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address 420 C Street, NE | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Ben Nelson <input type="checkbox"/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District: | |
| Category/Type | | |
| State: NE District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Peterson for Congress | | Transaction ID: D1003 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address 236 Massachusetts Avenue, NE Suite 508 | | Amount of Each Disbursement this Period 1000.00 |
| City Washington State DC Zip Code 20002 | Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Collin C. Peterson <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 07 | |
| Category/Type | | |
| State: MN District: 07 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Richard Pombo for Congress | | Transaction ID: D1006 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 6 |
| Mailing Address P.O. Box 16021 | | Amount of Each Disbursement this Period 1000.00 |
| City Alexandria State VA Zip Code 22302 | Purpose of Disbursement Contr. <input type="checkbox"/> Candidate Name Richard W. Pombo <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 11 | |
| Category/Type | | |
| State: CA District: 11 | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| TOTAL This Period (last page this line number only) ▶ | 13500.00 |