

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 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 (12S)
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 04 01 2010 through 06 30 2010

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 14 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
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		220340.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	186566.66									
(c) Total Receipts (from Line 19)	1376.81	36755.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	187943.47	257096.47								
7. Total Disbursements (from Line 31)	30773.74	99926.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	157169.73	157169.73								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	40.00	27304.80
(ii) Unitemized	207.50	5121.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	247.50	32426.40
(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)	247.50	32426.40
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	1000.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	129.31	329.30
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))	1376.81	36755.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1376.81	36755.70

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.....	15.00	218.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.00	218.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30758.74	99708.74
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))..	30773.74	99926.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30773.74	99926.74

DETAILED SUMMARY PAGE
of Disbursements

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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)	247.50	32426.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	247.50	32426.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	218.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	218.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 22
	(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

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) JOHN HAUGEN		Date of Receipt			
	Mailing Address 1028 VALLEY ST		M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 1 0			
	City	State	Zip Code	Transaction ID: SA11AI.15677		
	WAHPETON	ND	58075	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C		20.00	
	Name of Employer MDFC		Occupation VP ENGINEERING			
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		M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 1 0			
	City	State	Zip Code	Transaction ID: SA11AI.15693		
	WAHPETON	ND	58075	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C		20.00	
	Name of Employer MDFC		Occupation VP ENGINEERING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		240.00		

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	40.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 22	
	(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) Rep. DAVID R OBEY		Date of Receipt																					
	Mailing Address 1212 GRAND AVE #32		<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>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		0	3		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA16.15694																				
	WAUSAU	WI	54403	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C H6W107033	1000.00																					
Name of Employer		Occupation	REFUND CK 2675																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22
(check only one)

<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 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 MM / DD / YYYY 04 / 23 / 2010
Mailing Address 406 MAIN AVENUE		Transaction ID: SA17.15712
City	State	Zip Code
FARGO	ND	58126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1.02
Name of Employer	Occupation	INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.01	

B.

Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt MM / DD / YYYY 04 / 30 / 2010
Mailing Address 406 MAIN AVENUE		Transaction ID: SA17.15713
City	State	Zip Code
FARGO	ND	58126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.73
Name of Employer	Occupation	INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.74	

C.

Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt MM / DD / YYYY 05 / 24 / 2010
Mailing Address 406 MAIN AVENUE		Transaction ID: SA17.15715
City	State	Zip Code
FARGO	ND	58126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.64
Name of Employer	Occupation	INTEREST INCOME
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.38	

SUBTOTAL of Receipts This Page (optional)	44.39
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 / 22
	<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="2010"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.15714
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="43.79"/>
		<input type="text" value="288.17"/>	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="2010"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.15716
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="0.56"/>
		<input type="text" value="288.73"/>	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="2010"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.15721
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="40.57"/>
		<input type="text" value="329.30"/>	INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="84.92"/>
TOTAL This Period (last page this line number only)	<input type="text" value="129.31"/>

**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 10 / 22

<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 <hr/> Mailing Address 406 MAIN AVENUE <hr/> City FARGO State ND Zip Code 58126 <hr/> Purpose of Disbursement SERVICE CHARGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.15710 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00
B. Full Name (Last, First, Middle Initial) WELLS FARGO BANK <hr/> Mailing Address 406 MAIN AVENUE <hr/> City FARGO State ND Zip Code 58126 <hr/> Purpose of Disbursement SERVICE CHARGE Candidate Name <hr/> 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) ▼	Transaction ID: SB21B.15711 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5.00

SUBTOTAL of Disbursements This Page (optional) ►

10.00

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

10.00

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

A.	Full Name (Last, First, Middle Initial) JOHN J BARROW	Transaction ID: SB23.15681 Date of Disbursement 06 / 03 / 2010
	Mailing Address PO Box 48178	Amount of Each Disbursement this Period 1000.00
	City Athens State GA Zip Code 30606	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN J BARROW	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JO BONNER	Transaction ID: SB23.15699 Date of Disbursement 06 / 14 / 2010
	Mailing Address 143 Myrtlewood Lane	Amount of Each Disbursement this Period 1000.00
	City Mobile State AL Zip Code 36608	
	Purpose of Disbursement	Category/Type
	Candidate Name JO BONNER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL 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) DAVID D BOREN	Transaction ID: SB23.15660 Date of Disbursement 05 / 06 / 2010
	Mailing Address PO Box 1924	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74402	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID D BOREN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK 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) Rep. DAVID LEE CAMP <hr/> Mailing Address 5905 Wimbledon Ct. <hr/> City Midland State MI Zip Code 48642 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. DAVID LEE CAMP <hr/> 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) ▼	Transaction ID: SB23.15701 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TRAVIS W CHILDERS <hr/> Mailing Address 201 HIDDEN HILLS <hr/> City BOONEVILLE State MS Zip Code 38829 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name TRAVIS W CHILDERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15708 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRAD ELLSWORTH <hr/> Mailing Address PO BOX 62 <hr/> City EVANSVILLE State IN Zip Code 47701 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name BRAD ELLSWORTH <hr/> 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) ▼	Transaction ID: SB23.15706 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Category/ Type <input type="text"/>
	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) CHAKA FATTAH	Transaction ID: SB23.11621 Date of Disbursement
	Mailing Address 3900 Ford Road Suite 12-O PO BOX 30743	<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19131	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CK 2692	<input type="text" value="-1000.00"/>
	Candidate Name CHAKA FATTAH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA 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) JOHN GARAMENDI	Transaction ID: SB23.15697 Date of Disbursement
	Mailing Address c/o California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Long Beach State CA Zip Code 90807	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JOHN GARAMENDI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10	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. RUBEN E HINOJOSA	Transaction ID: SB23.15700 Date of Disbursement
	Mailing Address 1404 SOUTH ILLINOIS	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City MERCEDES State TX Zip Code 98570	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. RUBEN E HINOJOSA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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)

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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 HOEVEN <hr/> Mailing Address 1131 NORTH 4TH STREET <hr/> City BISMARCK State ND Zip Code 58501 <hr/> Purpose of Disbursement VOID CK 2738 Candidate Name JOHN HOEVEN 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: ND District: 00	Transaction ID: SB23.11624 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0	Amount of Each Disbursement this Period -150.00
B.	Full Name (Last, First, Middle Initial) Sen. DANIEL K INOUYE <hr/> Mailing Address 1088 BISHOP STREET SUITE 1009 <hr/> City HONOLULU State HI Zip Code 96813 <hr/> Purpose of Disbursement Candidate Name Sen. DANIEL K INOUYE 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: HI District: 00	Transaction ID: SB23.15667 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Rep. MARCY KAPTUR <hr/> Mailing Address P.O. Box 899 <hr/> City Toledo State OH Zip Code 43697 <hr/> Purpose of Disbursement Candidate Name Rep. MARCY KAPTUR 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: OH District: 09	Transaction ID: SB23.15661 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		1850.00	
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)

<p>A. Full Name (Last, First, Middle Initial) RON KLEIN</p> <p>Mailing Address 4620 NW 24th Avenue</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name RON KLEIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15688 Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN</p> <p>Mailing Address 707 PLEASANT VALLEY DRIVE #20</p> <p>City LITTLE ROCK State AR Zip Code 72212</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.15668 Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN</p> <p>Mailing Address 707 PLEASANT VALLEY DRIVE #20</p> <p>City LITTLE ROCK State AR Zip Code 72212</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name BLANCHE LAMBERT LINCOLN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p>	<p>Transaction ID: SB23.15678 Date of Disbursement 06 / 02 / 2010</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) Rep. FRANK D LUCAS <hr/> Mailing Address RR2 BOX 136 <hr/> City CHEYENNE State OK Zip Code 73628 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.15702 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name Rep. FRANK D LUCAS Category/Type <input type="text"/>
	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) ▼
B. Full Name (Last, First, Middle Initial) JIM MARSHALL <hr/> Mailing Address 586 Orange Street <hr/> City Macon State GA Zip Code 31201 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.15666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name JIM MARSHALL Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA 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. MIKE MCINTYRE <hr/> Mailing Address 1701 North Chestnut Street <hr/> City Lumberton State NC Zip Code 28358 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.15695 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name Rep. MIKE MCINTYRE Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 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"/> 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. JERRY MORAN <hr/> Mailing Address 2758 Thunderbird Drive <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. JERRY MORAN <hr/> 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) ▼	Transaction ID: SB23.15672 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	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) LISA MURKOWSKI <hr/> Mailing Address 700 ASH PLACE <hr/> City ANCHORAGE State AK Zip Code 99501 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name LISA MURKOWSKI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15685 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0
	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. COLLIN CLARK PETERSON <hr/> Mailing Address 26192 FLOYD LAKE POINT ROAD <hr/> City DETROIT LAKES State MN Zip Code 56501 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. COLLIN CLARK PETERSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15682 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 900.00
	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) ▶	2900.00
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. EARL RALPH POMEROY	Transaction ID: SB23.15687 Date of Disbursement																			
	Mailing Address Post Office Box 9336	<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>0</td><td>6</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	3	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	0	3	/	2	0	1	0												
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	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) STEPHEN WALKER RABY	Transaction ID: SB23.15703 Date of Disbursement																			
	Mailing Address 1165 LOVE BRANCH RD	<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>0</td><td>6</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	5	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	2	5	/	2	0	1	0												
	City TOREY State AL Zip Code 35773	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name STEPHEN WALKER RABY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CHARLES B RANGEL	Transaction ID: SB23.15662 Date of Disbursement																			
	Mailing Address 40 WEST 135TH STREET	<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>0</td><td>5</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	6	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	0	6	/	2	0	1	0												
	City NEW YORK State NY Zip Code 10037	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CHARLES B RANGEL	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)

3500.00

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. HARRY REID <hr/> Mailing Address PO BOX 19163 <hr/> City LAS VEGAS State NV Zip Code 89132 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. HARRY REID <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15696 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 1 0
	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) LINDA SANCHEZ <hr/> Mailing Address 1212 S. Victory Blvd <hr/> City BURBANK State CA Zip Code 91502 <hr/> Purpose of Disbursement <hr/> Candidate Name LINDA SANCHEZ <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11622 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0
	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) RICHARD C SHELBY <hr/> Mailing Address PO BOX 1091 <hr/> City TUSCALOOSA State AL Zip Code 35403 <hr/> Purpose of Disbursement <hr/> Candidate Name RICHARD C SHELBY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15679 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0
	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) ▶	(Empty box)

**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 C SHELBY	Transaction ID: SB23.15705
	Mailing Address PO BOX 1091	Date of Disbursement 06 / 25 / 2010
	City TUSCALOOSA State AL Zip Code 35403	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name RICHARD C SHELBY	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL 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) Rep. MICHAEL K SIMPSON	Transaction ID: SB23.15665
	Mailing Address PO BOX 1541	Date of Disbursement 05 / 06 / 2010
	City BOISE State ID Zip Code 83701	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement	
	Candidate Name Rep. MICHAEL K SIMPSON	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) ZACHARY T SPACE	Transaction ID: SB23.15671
	Mailing Address 4 PARKVIEW DR	Date of Disbursement 05 / 24 / 2010
	City DOVER State OH Zip Code 44622	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name ZACHARY T SPACE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH 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)	4000.00
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)
TIMOTHY J. WALZ

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement

Candidate Name
TIMOTHY J. WALZ

Office Sought: House
 Senate
 President
State: MN District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.15663
Date of Disbursement

05 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
DEBBIE WASSERMAN SCHULTZ

Mailing Address 4479 Foxglove Ln

City Weston State FL Zip Code 33331

Purpose of Disbursement

Candidate Name
DEBBIE WASSERMAN SCHULTZ

Office Sought: House
 Senate
 President
State: FL District: 20

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.15683
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

30758.74