REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

National Council of Farmer Cooperatives CO-OP/PAC

ADDRESS (number and street) ___ Check if different than previously reported

50 F Street, NW

CITY, STATE and ZIP CODE

Washington, D.C. 20001

2. FEC IDENTIFICATION NUMBER

C00003288

3. X This committee qualified as a multicandidate committee DURING THIS Reporting Period on before January 1, 1994 (date).

4. TYPE OF REPORT

(a) ___ April 15 Quarterly Report

___ July 15 Quarterly Report

___ October 15 Quarterly Report

___ January 31 Year End Report

___ July 31 Mid Year Report (Non-election Year Only)

___ Termination Report

Monthly Report Due On:

___ February 20	___ June 20	___ October 20
___ March 20	___ July 20	___ November 20
___ April 20	___ August 20	___ December 20
X May 20	___ September 20	___ January 31

___ Twelfth day report preceding ___ (Type of Election) election on ___ in the State of ___

___ Thirtieth day report following the General Election on ___ in the State of ___

(b) Is this Report an Amendment? ___ YES X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period April 1 through 30, 1994		
6.	(a) Cash on Hand January 1, 19 94		$ 9,995.22
	(b) Cash on Hand at Beginning of Reporting Period	$ 5,571.16	
	(c) Total Receipts (from Line 19)	$ 1,550.00	$ 15,855.95
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7,121.17	$ 25,851.17
7.	Total Disbursements (from Line 30)	$ 2,537.65	$ 21,267.65
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 4,583.52	$ 4,583.52
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Randall T. Jones, Treasurer

Signature of Treasurer: Randall T. Jones

Date: 5/17/94

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

FEC FORM 3X

(revised 1/1/91)

2103891271

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(Revised 11/91)

NAME OF COMMITTEE: National Council of Farmer Cooperatives CO-OP/PAC

REPORT COVERING PERIOD FROM April 1 TO: April 30, 1984

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	-0-	$4150.00
ii. Unitemized	$50.00	$5205.94
iii. Total (add i and ii) ➤	$50.00	$9355.94
b. Political Party Committees		
c. Other Political Committees (such as PACs)	$1500.00	$6500.00
d. Total Contributions (add a iii, b and c) ➤	$1550.00	$15,855.94
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	$0.01	$0.01
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$1550.01	$15,855.95
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$1550.01	$15,855.95
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	$2500.00	$21,200.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements	$37.65	$67.65
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$2537.65	$21,267.65
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$2537.65	$21,267.65
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)		
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

2 4 0 3 8 9 9 1 2 7 2

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (in Full)

National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Farmland Industries PAC P.O. Box 12473 Kansas City, MO 64116	Farmland Industries, Inc.	4/25/94	$1500.00
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $ 1500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

TOTAL This Period (last page this line number only) . . . . . > $1500.00

9 4 0 3 8 9 9 1 2 7 3

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER: 17

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NAME OF COMMITTEE (In Full)

National Council of Farmer Cooperatives CO-OP/PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sequoia National Bank 555 New Jersey Avenue, NW Washington, D.C. 20001 Receipt For: Primary General Other (specify):	Sequoia National Bank Occupation Aggregate Year-to-Date > $ 0.01	4/15/94	$0.01
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only) $0.01

9 4 0 3 8 9 9 1 2 7 4

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

Page	Line
1	1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Council of Farmer Cooperatives CO-OP/PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoosiers For Jill Long P.O. Box 117 Mt. Vernon, VA 22121	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/14/94	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cynthia McKinney For Congress 3715 Northcrest Road, Suite 26 Atlanta, GA 30340	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/20/94	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Elizabeth Furse For Congress P.O. Box 117 Mt. Vernon, VA 22121	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/21/94	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Canady For Congress 4451 Brookfield Corp. Drive, #200 Chantilly, VA 22021	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/25/94	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tim Ford For Congress P.O. Box 680 Tupelo, MS 38802	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/29/94	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

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

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 5-17-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SLG.
PREPARER

5-19-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 9 9 1 2 7 6