

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, 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 PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 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 10 06 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 9: 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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

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 .....	157169.73									
(c) Total Receipts (from Line 19) .....	901.54	37657.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	158071.27	257998.01								
7. Total Disbursements (from Line 31) .....	32015.00	131941.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	126056.27	126056.27								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

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) .....	410.00	27714.80
(ii) Unitemized .....	386.00	5507.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	796.00	33222.40
(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) .....	796.00	33222.40
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 .....	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	105.54	434.84
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)) .....	901.54	37657.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	901.54	37657.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	233.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15.00	233.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	131708.74
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))..	32015.00	131941.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32015.00	131941.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	796.00	33222.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	796.00	33222.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	233.00
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	233.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) RONALD BUTENHOFF		Date of Receipt	
	Mailing Address 14109 130TH ST S		M M / D D / Y Y Y Y 08 / 26 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15760
	BARNESVILLE	MN	56514-9118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</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 07 / 02 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15725
	WHPETON	ND	58075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 260.00		

<b>C.</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 07 / 02 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.15726
	WHPETON	ND	58075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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 ▼ 280.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	290.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN	Date of Receipt MM / DD / YYYY 07 / 26 / 2010
	Mailing Address 1028 VALLEY ST	<b>Transaction ID:</b> SA11AI.15752
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN	Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 1028 VALLEY ST	<b>Transaction ID:</b> SA11AI.15753
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 1028 VALLEY ST	<b>Transaction ID:</b> SA11AI.15767
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15768
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.00
		<input type="text"/>	360.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15783
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.00
		<input type="text"/>	380.00

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN HAUGEN		Date of Receipt
	Mailing Address 1028 VALLEY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	WAHPETON	ND	58075
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15800
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer MDFC		Occupation VP ENGINEERING	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	20.00
		<input type="text"/>	400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>	410.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 22  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
329.77

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

Transaction ID: SA17.15804

Amount of Each Receipt this Period  
0.47

INTEREST INCOME

**B.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
367.32

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

Transaction ID: SA17.15801

Amount of Each Receipt this Period  
37.55

INTEREST INCOME

**C.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
368.14

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

Transaction ID: SA17.15805

Amount of Each Receipt this Period  
0.82

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **38.84**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 22  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
402.57

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** SA17.15802

Amount of Each Receipt this Period  
34.43

INTEREST INCOME

**B.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
403.33

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA17.15806

Amount of Each Receipt this Period  
0.76

INTEREST INCOME

**C.** Full Name (Last, First, Middle Initial)  
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code  
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
434.84

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA17.15803

Amount of Each Receipt this Period  
31.51

INTEREST INCOME

**SUBTOTAL** of Receipts This Page (optional) ..... ► **66.70**

**TOTAL** This Period (last page this line number only) ..... ► **105.54**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 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	Transaction ID: SB21B.15807 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.15808 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.15809 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="15.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="15.00"/>

**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)

PAGE 12 / 22

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL A. ARCURI  Mailing Address PO Box 8508  City Utica State NY Zip Code 13505  Purpose of Disbursement <input type="text"/>  Candidate Name MICHAEL A. ARCURI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15775 Date of Disbursement 09 / 09 / 2010  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Sen. BARBARA BOXER  Mailing Address POST OFFICE BOX 641751  City LOS ANGELES State CA Zip Code 90064  Purpose of Disbursement <input type="text"/>  Candidate Name Sen. BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15786 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 1000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) BOBBY NEAL MR. SR. BRIGHT  Mailing Address 246 North Court Street Unit G  City Montgomery State AL Zip Code 36104  Purpose of Disbursement <input type="text"/>  Candidate Name BOBBY NEAL MR. SR. BRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15789 Date of Disbursement 09 / 29 / 2010  Amount of Each Disbursement this Period 1000.00  Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) BEN CHANDLER	Transaction ID: SB23.15792 Date of Disbursement 09 / 29 / 2010
	Mailing Address 975 PISGAH PIKE	Amount of Each Disbursement this Period 1000.00
	City VERSAILLES State KY Zip Code 40383	
	Purpose of Disbursement	Category/Type
	Candidate Name BEN CHANDLER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GERRY CONNOLLY	Transaction ID: SB23.15740 Date of Disbursement 07 / 28 / 2010
	Mailing Address PO Box 563	Amount of Each Disbursement this Period 1000.00
	City Merrifield State VA Zip Code 22116	
	Purpose of Disbursement	Category/Type
	Candidate Name GERRY CONNOLLY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sen. KENT CONRAD	Transaction ID: SB23.15771 Date of Disbursement 09 / 09 / 2010
	Mailing Address 949 EAST CENTRAL AVENUE	Amount of Each Disbursement this Period 1000.00
	City BISMARCK State ND Zip Code 58501	
	Purpose of Disbursement	Category/Type
	Candidate Name Sen. KENT CONRAD	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2012 <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)

<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) ROSA DELAURO	Transaction ID: SB23.15754 Date of Disbursement 08 / 11 / 2010
	Mailing Address 49 Huntington Street	Amount of Each Disbursement this Period 1000.00
	City New Haven State CT Zip Code 06511	
	Purpose of Disbursement	Category/Type
	Candidate Name ROSA DELAURO	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT 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) JOHN D DINGELL	Transaction ID: SB23.15774 Date of Disbursement 09 / 09 / 2010
	Mailing Address 607 14th Street NW Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN D DINGELL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOSEPH SIMON MR. DONNELLY	Transaction ID: SB23.15791 Date of Disbursement 09 / 29 / 2010
	Mailing Address 16200 Foxcross Dr.	Amount of Each Disbursement this Period 1000.00
	City Granger State IN Zip Code 46530	
	Purpose of Disbursement	Category/Type
	Candidate Name JOSEPH SIMON MR. DONNELLY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) Rep. BOB FILNER <hr/> Mailing Address PO Box 127868 <hr/> City San Diego State CA Zip Code 92112 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. BOB FILNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15739 Date of Disbursement 07 / 28 / 2010
	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>B.</b> Full Name (Last, First, Middle Initial) Sen. CHARLES E GRASSLEY <hr/> Mailing Address PO BOX 1000 <hr/> City DES MOINES State IA Zip Code 50304 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. CHARLES E GRASSLEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15787 Date of Disbursement 09 / 29 / 2010
	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>C.</b> Full Name (Last, First, Middle Initial) SAMUEL B JR (SAM) GRAVES <hr/> Mailing Address 110 S 10TH STREET <hr/> City TARKIO State MO Zip Code 64491 <hr/> Purpose of Disbursement <hr/> Candidate Name SAMUEL B JR (SAM) GRAVES <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15735 Date of Disbursement 07 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>DOC HASTINGS</b></p> <p>Mailing Address <b>PO BOX 2926</b></p> <p>City <b>PASCO</b> State <b>WA</b> Zip Code <b>99302</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>DOC HASTINGS</b> <span style="float: right;">Category/ Type</span></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>WA</b> District: <b>04</b></p> <p>Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.15742 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 7 / 2 8 / 2 0 1 0</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>STEPHANIE HERSETH</b></p> <p>Mailing Address <b>PO Box 2009</b></p> <p>City <b>Sioux Falls</b> State <b>SD</b> Zip Code <b>57101</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>STEPHANIE HERSETH</b> <span style="float: right;">Category/ Type</span></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>SD</b> District: <b>00</b></p> <p>Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.15778 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 9 / 0 9 / 2 0 1 0</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MAURICE D HINCHEY</b></p> <p>Mailing Address <b>PO Box 4497</b></p> <p>City <b>Kingston</b> State <b>NY</b> Zip Code <b>12402</b></p> <p>Purpose of Disbursement <span style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></span></p> <p>Candidate Name <b>MAURICE D HINCHEY</b> <span style="float: right;">Category/ Type</span></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: <b>NY</b> District: <b>22</b></p> <p>Disbursement For: <b>2010</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.15793 <b>Date of Disbursement</b> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">0 9 / 2 9 / 2 0 1 0</span></p> <p><b>Amount of Each Disbursement this Period</b> <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">3000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"></span>

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Rep. RICK LARSEN <hr/> Mailing Address P.O. Box 326 <hr/> City Everett State WA Zip Code 98206 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. RICK LARSEN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15794 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) JERRY LEWIS <hr/> Mailing Address PO BOX 247 <hr/> City REDLANDS State CA Zip Code 92373 <hr/> Purpose of Disbursement <hr/> Candidate Name JERRY LEWIS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 41 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15790 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) ZOE LOFGREN <hr/> Mailing Address P.O. Box 720008 Suite 350 <hr/> City San Jose State CA Zip Code 95172 <hr/> Purpose of Disbursement <hr/> Candidate Name ZOE LOFGREN <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15772 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> 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="checkbox"/> <hr/> Candidate Name Rep. FRANK D LUCAS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15756 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) CYNTHIA M LUMMIS <hr/> Mailing Address 3905 Bent Ave. N/A <hr/> City Cheyenne State WY Zip Code 82001 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name CYNTHIA M LUMMIS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15795 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) CHARLIE JR. MELANCON <hr/> Mailing Address PO Box 549 PO BOX 549 <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name CHARLIE JR. MELANCON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15757 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rep. JOHN MCKEE JR SPRATT	Transaction ID: SB23.15734 Date of Disbursement
	Mailing Address 233 KINGS MOUNTAIN STREET	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City YORK State SC Zip Code 29745	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. JOHN MCKEE JR SPRATT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. DEBBIE STABENOW	Transaction ID: SB23.15788 Date of Disbursement
	Mailing Address 7143 STEEPLE CHASE	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LANSING State MI Zip Code 48917	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. DEBBIE STABENOW	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. LEE TERRY	Transaction ID: SB23.15755 Date of Disbursement
	Mailing Address 18655 Van Camp Drive	<input type="text" value="08"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Omaha State NE Zip Code 68130	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. LEE TERRY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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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. BENNIE G THOMPSON	Transaction ID: SB23.15769 Date of Disbursement
	Mailing Address P.O. Box 100	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BOLTON State MS Zip Code 39041	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. BENNIE G THOMPSON	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS 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) VALLEY POLITICAL ACTION COMMITTEE	Transaction ID: SB23.15738 Date of Disbursement
	Mailing Address P.O. Box 77693	<input type="text" value="07"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name VALLEY POLITICAL ACTION COMMITTEE	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NYDIA M VELAZQUEZ	Transaction ID: SB23.15776 Date of Disbursement
	Mailing Address 315 Inspiration Lane	<input type="text" value="09"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Gaithersburg State MD Zip Code 20878	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name NYDIA M VELAZQUEZ	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY J. WALZ	Transaction ID: SB23.15770
	Mailing Address PO Box 938	Date of Disbursement 09 / 09 / 2010
	City Mankato State MN Zip Code 56002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name TIMOTHY J. WALZ	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 01	
B.	Full Name (Last, First, Middle Initial) FREDERICA S WILSON	Transaction ID: SB23.15784
	Mailing Address 19821 NW 2ND AVENUE BOX 354	Date of Disbursement 09 / 23 / 2010
	City MIAMI GARDENS State FL Zip Code 33169	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name FREDERICA S WILSON	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 17	

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

2000.00

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

32000.00