

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 07 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dana Brooks

Signature of Treasurer Electronically Filed by Dana Brooks Date 04 27 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		3844.35
(b) Cash on Hand at Beginning of Reporting Period	12502.76	
(c) Total Receipts (from Line 19)	1666.50	52942.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14169.26	56786.85
7. Total Disbursements (from Line 31)	5025.00	47642.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9144.26	9144.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1480.00	27086.00
(ii) Unitemized	186.50	3856.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1666.50	30942.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1666.50	52942.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1666.50	52942.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1666.50	52942.50

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.....	25.00	367.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	25.00	367.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	47275.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5025.00	47642.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5025.00	47642.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1666.50	52942.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1666.50	52942.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25.00	367.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	367.59

**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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Tom Balmer		Date of Receipt
	Mailing Address 310 Cloverway Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2009
	City	State	Zip Code
	Alexandria	VA	22314-4841
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A4AB5E44B02684B17B7E
Name of Employer National Milk Producers Federation		Occupation Executive Vice President	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"/> 166.00
		<input type="text"/> 830.00	

B.	Full Name (Last, First, Middle Initial) Jim Tillison		Date of Receipt
	Mailing Address 13951 Real Quite Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2009
	City	State	Zip Code
	Gainsville	VA	20155
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: AF8C81A9C7A944F5C854
Name of Employer National Milk Producers Federation		Occupation Sr. Vice President	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"/> 100.00
		<input type="text"/> 1135.00	

C.	Full Name (Last, First, Middle Initial) Jerry Kozak		Date of Receipt
	Mailing Address 9844 Palace Green Wy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2009
	City	State	Zip Code
	Vienna	VA	22181-6097
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A9008270AD0B64286BD9
Name of Employer National Milk Producers Federation		Occupation President & CEO	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"/> 250.00
		<input type="text"/> 1250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 516.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Chris Galen

Mailing Address 3903 Shelley Lane

City Annandale State VA Zip Code 22003-2234

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

Name of Employer National Milk Producers Federation
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2009
Transaction ID: AA3A67756B4E048C881B
Amount of Each Receipt this Period 60.00

B.

Full Name (Last, First, Middle Initial)
Peter Vitaliano

Mailing Address 6303 North 28th St

City Arlington State VA Zip Code 22207-1111

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

Name of Employer National Milk Producers Federation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 14 / 2009
Transaction ID: A5E62E5C3CFA449879AF
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Roger Cryan

Mailing Address 9367 Tovito Drive

City Fairfax State VA Zip Code 22031-3824

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

Name of Employer National Milk Producers Federation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 14 / 2009
Transaction ID: A7FB6AD5586D845548FF
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
Jaime Castaneda

Mailing Address 1805 Abbey Oak Drive

City Vienna State VA Zip Code 22182-1904

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

Name of Employer National Milk Producers Federation
Occupation Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 14 / 2009
Transaction ID: A86CB549C9B854FB58B6
Amount of Each Receipt this Period 90.00

B.

Full Name (Last, First, Middle Initial)
Rob Byrne

Mailing Address 1001 N. Vermont St Apt 808

City Arlington State VA Zip Code 22201

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

Name of Employer National Milk Producers Federation
Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 15 / 2009
Transaction ID: A9B8CD2E9C5474E1FB38
Amount of Each Receipt this Period 84.00

C.

Full Name (Last, First, Middle Initial)
James P. Camerlo

Mailing Address 800 N. Frazier

City Florence State CO Zip Code 81226

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

Name of Employer Nmpf Board Member
Occupation Dairy Farmer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 15 / 2009
Transaction ID: A63A135AC0E4F4C97946
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **674.00**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Jamie Jonker		Date of Receipt																					
	Mailing Address 1712 Corcoran Street Nw Apt. 1 Suite 400		<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>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	5		2	0	0	9														
	City	State	Zip Code	Transaction ID: AE4AA6AF64E9849F6BD9																				
	Washington	DC	20009-2415	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	70.00																					
Name of Employer National Milk Producers Federation		Occupation Vice President																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	490.00																					

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	1480.00

**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 10 / 12

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: BF8FE01464D3B47AA919		
	Mailing Address PO Box 622227			Date of Disbursement 07 / 10 / 2009		
	City Orlando	State FL	Zip Code 32862-2227	Amount of Each Disbursement this Period 25.00		
	Purpose of Disbursement Bank Fee		Category/ Type			
	Candidate Name					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)

25.00

TOTAL This Period (last page this line number only)

25.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Leahy For U.s. Senator Committee	Transaction ID: B91585845BC5C4BD9A4E
	Mailing Address PO BOX 1042	Date of Disbursement 07 / 29 / 2009
	City MONTPELIER State VT Zip Code 05601	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: B789D307FD48540B6B3D
	Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100	Date of Disbursement 07 / 23 / 2009
	City MIDLAND State MI Zip Code 48640	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement	
	Candidate Name Rep. Dave Camp	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 04	

C.	Full Name (Last, First, Middle Initial) Carney For Congress	Transaction ID: B245B64F3CCE34F5C933
	Mailing Address P.O. Box A	Date of Disbursement 07 / 23 / 2009
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

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

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

A. Full Name (Last, First, Middle Initial) Moran For Kansas <hr/> Mailing Address P.O. Box 1151 <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5302C114E0DA4250BC0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Leahy For U.s. Senator Committee <hr/> Mailing Address PO BOX 1042 <hr/> City MONTPELIER State VT Zip Code 05601 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFA78EAA18B5A47DC9D2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

5000.00