

**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 34 OF 51
	<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)  
**Farm Credit Council Political Action Committee**

**A. Ms. Kaye Compart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 40750 - 441st Avenue

City Nicollet	State MN	Zip Code 56074-4310
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FEC ID number of contributing federal political committee. **C**

Name of Employer AgStar Financial Services ACA, FLCA	Occupation Director
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

**Transaction ID : 36861356**

Amount of Each Receipt this Period  

600.00
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**B. Robin Steinmann**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4645 Southern Breeze Lane

City Red Bud	State IL	Zip Code 62278-0017
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FEC ID number of contributing federal political committee. **C**

Name of Employer Farm Credit Illinois, ACA	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	29	/	2014

**Transaction ID : 37748027**

Amount of Each Receipt this Period  

0.00
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**[MEMO ITEM]**  
Refund(s) on Schedule B Totaling \$10.00 This changes the YTD Total to \$10.00

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period  

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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>38026.00</b>