

**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**

CITY

STATE

ZIP CODE

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

02

01

2008

through

02

29

2008

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

Jaime Castaneda

Signature of Treasurer

Electronically Filed by Jaime Castaneda

Date

04

28

2008

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

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		8558.96
(b) Cash on Hand at Beginning of Reporting Period .....	10104.21	
(c) Total Receipts (from Line 19) .....	6995.25	9540.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	17099.46	18099.46
7. Total Disbursements (from Line 31) .....	5500.00	6500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	11599.46	11599.46
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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

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	1625.00	3725.00
(i) Itemized (use Schedule A) .....	370.25	815.50
(ii) Unitemized .....	1995.25	4540.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	5000.00	5000.00
(c) Other Political Committees (such as PACs) .....	6995.25	9540.50
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....		
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)) .....	6995.25	9540.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6995.25	9540.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	6500.00
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))..	5500.00	6500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	6500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	6995.25	9540.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6995.25	9540.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Adrian Boer

Mailing Address 3751 South 2400 East

City

Jerome

State

ID

Zip Code

83338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Dairy Farmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.7056

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry Kozak

Mailing Address 9844 Palace Green Way

City

Vienna

State

VA

Zip Code

22181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Milk Producers  
Federation

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.7043

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Murfield

Mailing Address PO Box 26877

City

Tempe

State

AZ

Zip Code

85285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UDA

Occupation

Coop Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.7059

Amount of Each Receipt this Period

500.00

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

1125.00

**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 7 / 11

(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)

Wayne Palla

Mailing Address 902 Colonial Pkwy

City

Clovis

State

NM

Zip Code

88101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dairy Farmer

Occupation

NMPF Board Member

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	8

Transaction ID: SA11AI.7058

Amount of Each Receipt this Period

500.00

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

500.00

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

1625.00

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

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

FOR LINE NUMBER: PAGE 8 / 11

(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

**A.**

Full Name (Last, First, Middle Initial)

ARIZONA DAIRYMEN POLITICAL ACTION COMMITTEE (ADPAC)

Mailing Address PO BOX 26877

POST OFFICE BOX 26877

City

TEMPE

State

AR

Zip Code

85285

FEC ID number of contributing  
federal political committee.

**C** C00085019

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 1 / 2 0 0 8

Transaction ID: SA11C.7060

Amount of Each Receipt this Period

5000.00

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

5000.00

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

5000.00



# **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 9 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

**A.**

Full Name (Last, First, Middle Initial)

BOSWELL FOR CONGRESS

Mailing Address PO Box 6220

City  
Des Moines

State  
IA

Zip Code  
50309

Purpose of Disbursement

Candidate Name  
LEONARD L. BOSWELL

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 03

Transaction ID: SB23.7065

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

COLEMAN FOR SENATE 08

Mailing Address 680 TRANSFER ROAD SUITE A

City  
ST PAUL

State  
MN

Zip Code  
55114

Purpose of Disbursement

Candidate Name  
Norm Coleman

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.7064

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ROY BLUNT

Mailing Address PO Box 50100  
PO Box 50100

City  
Springfield

State  
MO

Zip Code  
65805

Purpose of Disbursement

Candidate Name  
Roy Blunt

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: SB23.7061

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

2500.00

**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 10 / 11

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

**A.**

Full Name (Last, First, Middle Initial)

JIM COSTA FOR CONGRESS

Mailing Address 2037 W Bullard Avenue  
# 355

City Fresno State CA Zip Code 93711

Purpose of Disbursement

Candidate Name  
JIM COSTA

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 20

Transaction ID: SB23.7063

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

JOHANNIS FOR SENATE INCORPORATED

Mailing Address 1201 O STREET SUITE 101

City LINCOLN State NE Zip Code 68506

Purpose of Disbursement

Candidate Name  
Mike Johanns

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 00

Transaction ID: SB23.7066

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name  
Stephanie Herseth Sandlin

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: SB23.7062

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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 11 / 11

<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)

TIM WALZ FOR US CONGRESS

Mailing Address PO Box 938

City  
Mankato

State  
MN

Zip Code  
56002

Purpose of Disbursement

Candidate Name  
Tim Walz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: SB23.7068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

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

500.00

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

5500.00