

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
Arlington VA 22201
 Check if different than previously reported. (ACC)

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 10 01 2009 through 10 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 **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:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		3844.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	3897.76									
(c) Total Receipts (from Line 19)	1052.50	57084.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4950.26	60928.85								
7. Total Disbursements (from Line 31)	37.00	56015.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4913.26	4913.26								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

Report Covering the Period: From: To:

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)	1000.00	30970.00
(ii) Unitemized	52.50	4114.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1052.50	35084.50
(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)	1052.50	57084.50
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))	1052.50	57084.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1052.50	57084.50

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.....	37.00	490.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37.00	490.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	55525.00
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))..	37.00	56015.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37.00	56015.59

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)	1052.50	57084.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1052.50	57084.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	37.00	490.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37.00	490.59

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 / 10
	<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) Jamie Jonker		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address 1712 Corcoran Street Nw Apt. 1 Suite 400		Transaction ID: A162B6D47E47D495E83B
City Washington	State Zip Code DC 20009-2415	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
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 ▼ 740.00	

B.

Full Name (Last, First, Middle Initial) Dana Brooks		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 106 17th Street Se 110		Transaction ID: A1E82CA2FF75D4C43942
City Washington	State Zip Code DC 20003-1603	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Information Requested	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Shawna Morris		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 3 Hickory Hill Court # 2310		Transaction ID: A6C1E4645BA064C98894
City Silver Spring	State Zip Code MD 20906-5807	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 / 10
(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) Mary Knigge		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 2906 Weisman Road Apt 304		Transaction ID: AEC33B92822FC4EC88CF
City Silver Spring	State Zip Code MD 20902-2142	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.00
Name of Employer National Milk Producers Federation	Occupation Manager	Aggregate Year-to-Date 246.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Tom Balmer		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 310 Cloverway Drive		Transaction ID: A2651583FA5D645FD87E
City Alexandria	State Zip Code VA 22314-4841	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 166.00
Name of Employer National Milk Producers Federation	Occupation Executive Vice President	Aggregate Year-to-Date 1494.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Jim Tillison		Date of Receipt MM / DD / YYYY 10 / 29 / 2009
Mailing Address 13951 Real Quite Ct		Transaction ID: A55FFB9845BB445C99E2
City Gainsville	State Zip Code VA 20155	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer National Milk Producers Federation	Occupation Sr. Vice President	Aggregate Year-to-Date 1535.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	290.00
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 8 / 10
(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)
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 ▼ 900.00

Date of Receipt 10 / 29 / 2009
Transaction ID: AAF9D5B384CD3417097C

Amount of Each Receipt this Period 100.00

B.

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 ▼ 810.00

Date of Receipt 10 / 29 / 2009
Transaction ID: A987F2B0FACA845ECB23

Amount of Each Receipt this Period 90.00

C.

Full Name (Last, First, Middle Initial)
Jerry Kozak

Mailing Address 9844 Palace Green Wy

City Vienna State VA Zip Code 22181-6097

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

Name of Employer National Milk Producers Federation
Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 10 / 29 / 2009
Transaction ID: AE92E9129000244AFA05

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **440.00**

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 / 10
(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)

<p>A. Full Name (Last, First, Middle Initial) Chris Galen</p> <p>Mailing Address 3903 Shelley Lane</p> <p>City State Zip Code Annandale VA 22003-2234</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Milk Producers Federation</p> <p>Occupation Senior Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9</p> <p>Transaction ID: A494C7C882DDA44D7A2A</p> <p>Amount of Each Receipt this Period 60.00</p>
<p>B. Full Name (Last, First, Middle Initial) Roger Cryan</p> <p>Mailing Address 9367 Tovito Drive</p> <p>City State Zip Code Fairfax VA 22031-3824</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer National Milk Producers Federation</p> <p>Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9</p> <p>Transaction ID: A2EB345F364954336BF3</p> <p>Amount of Each Receipt this Period 60.00</p>

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	1000.00

**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 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 <hr/> Mailing Address PO Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Bank Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7C863982E01849F5A54 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 25.00
B. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address PO Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF11CB0ADA37548DFB71 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 12.00

SUBTOTAL of Disbursements This Page (optional) ►

37.00

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

37.00