RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

North Central AMPI, Inc.

JUL 20 11 58 AM '99

Political Action Committee

P. O. Box 455, 315 N. Broadway, New Ulm, MN 56073
Phone: (507) 354-8295

July 14, 1999

Report Analysis Division
Federal Election Commission
999 E. Street NW
Washington, DC 20463

RE: FEC ID Number: C00330696

Gentlemen:

Enclosed is our July 20, 1999 report covering activities of the Political Action Committee of North Central AMPI, Inc., for the period of June 1, 1999 through June 30, 1999.

Sincerely,

NCAMPIPAC

Sheryl Doering Meshke

Sheryl Doering Meshke
Treasurer

SDM/tls

Enclosures

CERTIFIED MAIL

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NORTH CENTRAL AMPI, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
P. O. BOX 455, 315 N. BROADWAY

CITY, STATE and ZIP CODE
NEW ULM, MN 56073

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 20 11 58 AM '99

2. FEC IDENTIFICATION NUMBER
C00330696

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
PRIOR TO JAN. 1, 1984

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☒ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 6-1-99 through 6-30-99		
6. (a) Cash on Hand January 1, 19 99		$ 213,769.33
(b) Cash on Hand at Beginning of Reporting Period	$ 235,995.34	
(c) Total Receipts (from Line 19)	$ 6,468.10	$ 43,089.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 242,463.44	$ 256,858.58
7. Total Disbursements (from Line 30)	$ 4,868.86	$ 19,264.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 237,594.58	$ 237,594.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
SHERYL DOERING MESHKE

Signature of Treasurer
Sheryl Doering Meshke

Date
06/14/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FEBANI 35

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: NORTH CENTRAL AMPI, INC. POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 6-1-99 TO: 6-30-99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	105.00	605.00	11(a)(i)
ii. Unitemized	5,941.87	36,852.62	11(a)(ii)
iii. Total (add i and ii) ➤	6,046.87	37,457.62	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	6,046.87	37,457.62	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	421.23	5,632.03	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,468.10	43,089.65	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,468.10	43,089.65	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	3,868.86	16,264.31	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	3,868.86	16,264.31	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	3,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,868.86	19,264.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,868.86	19,264.31	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6,046.87	37,457.62	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,046.87	37,457.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	3,868.86	16,264.31	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	3,868.86	16,264.31	37

FEBANH36

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11 (a) (i)

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)

NORTH CENTRAL AMPI INC., POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JARED OR TAMARA LUND 11101 CTY. RD. 16 NW EVANSVILLE	SELF-EMPLOYED	06/23/99	0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DAIRY FARMER		
	Aggregate Year-to-Date > $	200.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRED C. BORCHARDT 2699 CO. RD. 41 WILLOW RIVER, MN 55795	SELF-EMPLOYED	06/23/99	0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DAIRY FARMER		
	Aggregate Year-to-Date > $	200.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DURST BROTHERS RR 1 BOX 169 KASSON, MN 55944	SELF-EMPLOYED	06/23/99	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DAIRY FARMER		
	Aggregate Year-to-Date > $	300.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOEL & SARAH PETTIT 15361 440TH ST. ZUMBROTA, MN 55992	SELF-EMPLOYED	06/23/99	55.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DAIRY FARMER		
	Aggregate Year-to-Date > $	330.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROWEKAMP FARMS RR 2 BOX 13 LEWISTON, MN 55952	SELF-EMPLOYED	06/23/99	0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: DAIRY FARMER		
	Aggregate Year-to-Date > $	250.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	105.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER (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)

NORTH CENTRAL AMPI INC., POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U. S. BANK MANKATO P. O. BOX 549 MANKATO, MN 56001	Occupation	06/30/99	421.23
Receipt For: [ ] Primary [ ] General [X] Other (specify): INTEREST INCOME	Aggregate Year-to-Date > $	2,497.37	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ALLIANCE BANK 322 N. MINNESOTA ST. NEW ULM, MN 56073	Occupation	06/30/99	0.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): CD INTEREST INCOME	Aggregate Year-to-Date > $	1,567.33	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ALLIANCE BANK 322 N. MINNESOTA ST. NEW ULM, MN 56073	Occupation	06/30/99	0.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): CD INTEREST INCOME	Aggregate Year-to-Date > $	1,567.33	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	421.23
TOTAL This Period (last page this line number only)	421.23

FE6AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

NORTH CENTRAL AMPI INC., POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. U. S. BANK MANKATO P. O. BOX 548 MANKATO, MN 56001	BANK SERVICE CHARGE Disbursement for: Primary General Other (specify)	06/17/99	2.14
B. AMPI P. O. BOX 455 NEW ULM, MN 56073	AIRFARE LOBBY DC Disbursement for: Primary General Other (specify)	06/01/99	1,242.00
C. MN DEPT. OF REVENUE EST FOR NP ORGANIZATIONS ST. PAUL, MN 55146-1257	EST TAX NONPROFIT ORGAN Disbursement for: Primary General Other (specify)	06/09/99	370.00
D. AMPI P. O. BOX 455 NEW ULM, MN 56073	LOBBYING TRAVEL EXP / FEC CONF Disbursement for: Primary General Other (specify)	06/28/99	1,365.58
E. AMPI P. O. BOX 455 NEW ULM, MN 56073	JUN-99 OPERATING EXPENSES Disbursement for: Primary General Other (specify)	06/28/99	889.14
F.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 3,868.86

TOTAL This Period (last page this line number only) 3,868.86

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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)
NORTH CENTRAL AMPI INC., POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. DASH PAC 424 C STREET NE FIRST FLOOR WASHINGTON, DC 20002	DEDICATED AMER. FOR THE HOUSE & SENATE (DEMOC.) Disbursement for: X Primary ___ General ___ Other (specify)	06/01/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

FE6ANI35

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7-14-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

7-20-99
DATE PREPARED

(4/98)