

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
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

ADDRESS (number and street) 7525 RED RIVER ROAD
 Check if different than previously reported. (ACC)
WAHPETON ND 58075

2. **FEC IDENTIFICATION NUMBER** C00164939
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 01 01 2010 through 03 31 2010

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 STEVEN CASPERS

Signature of Treasurer Electronically Filed by STEVEN CASPERS Date 04 07 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
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		220340.77
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	220340.77									
(c) Total Receipts (from Line 19)	35378.89	35378.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	255719.66	255719.66								
7. Total Disbursements (from Line 31)	69153.00	69153.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	186566.66	186566.66								
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

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	27264.80	27264.80
(ii) Unitemized	4914.10	4914.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32178.90	32178.90
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	32178.90	32178.90
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	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	199.99	199.99
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))	35378.89	35378.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35378.89	35378.89

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.....	203.00	203.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	203.00	203.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68950.00	68950.00
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))..	69153.00	69153.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69153.00	69153.00

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	32178.90	32178.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32178.90	32178.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	203.00	203.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	203.00	203.00

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 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) F MICHAEL ABEL	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 3237 STATE HWY 9	Transaction ID: SA11AI.15423
	City State Zip Code BRECKENRIDGE MN 56520	Amount of Each Receipt this Period 1970.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1970.40	

B.	Full Name (Last, First, Middle Initial) BRADLEY ANDERSON	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 2248 361ST ST	Transaction ID: SA11AI.15433
	City State Zip Code BRECKENRIDGE MN 56520-9454	Amount of Each Receipt this Period 1243.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1243.20	

C.	Full Name (Last, First, Middle Initial) JAMES BAKER	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 9061 70TH AVE S	Transaction ID: SA11AI.15427
	City State Zip Code SABIN MN 56580-9512	Amount of Each Receipt this Period 738.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 738.40	

SUBTOTAL of Receipts This Page (optional)	3952.00
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 7 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ANDREW BEYER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 2665 170TH AVE		Transaction ID: SA11AI.15431		
	City KENT	State MN	Zip Code 56553	Amount of Each Receipt this Period 720.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

B.	Full Name (Last, First, Middle Initial) JAMES BLAUFUSS		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 2231 361ST ST		Transaction ID: SA11AI.15432		
	City BRECKENRIDGE	State MN	Zip Code 56520-9454	Amount of Each Receipt this Period 1846.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1846.40			

C.	Full Name (Last, First, Middle Initial) CHARLES A BREUER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 16870 77 ST SE		Transaction ID: SA11AI.15434		
	City MOORETON	State ND	Zip Code 58061	Amount of Each Receipt this Period 276.80	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.80			

SUBTOTAL of Receipts This Page (optional)	▶	2843.20
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 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) DAVID BREUER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 3320 45TH AVE SW		Transaction ID: SA11AI.15440		
	City FARGO	State ND	Zip Code 58104	Amount of Each Receipt this Period 256.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 256.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) DOUGLAS R CHRISTENSEN		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 2239 450TH ST		Transaction ID: SA11AI.15436		
	City CAMPBELL	State MN	Zip Code 56522	Amount of Each Receipt this Period 720.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 720.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) JOHN E DANIELS		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 2851 STATE HWY 55		Transaction ID: SA11AI.15437		
	City NASHUA	State MN	Zip Code 56565-9548	Amount of Each Receipt this Period 398.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 398.40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1374.40
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 9 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) TERRY DOHMAN	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 1502 14TH AVE N	Transaction ID: SA11AI.15441
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 204.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.80	

B.	Full Name (Last, First, Middle Initial) DAVID FIXEN	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 7480 172 AVE SE	Transaction ID: SA11AI.15443
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 439.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 439.20	

C.	Full Name (Last, First, Middle Initial) DAVID R HAGSTROM	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 925 MAIN STREET	Transaction ID: SA11AI.15445
	City BRECKENRIDGE State MN Zip Code 56520	Amount of Each Receipt this Period 321.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 321.60	

SUBTOTAL of Receipts This Page (optional)	965.60
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 10 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) DAVID HASBARGEN		Date of Receipt
	Mailing Address 852 RIVERBEND ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	OXBOW	ND	58047
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15446
		Amount of Each Receipt this Period	
		<input type="text"/> 800.00	
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 800.00	

B.	Full Name (Last, First, Middle Initial) MICHAEL W HASBARGEN		Date of Receipt
	Mailing Address 2553 360TH ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	BRECKENRIDGE	MN	56520
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15447
		Amount of Each Receipt this Period	
		<input type="text"/> 704.00	
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 704.00	

C.	Full Name (Last, First, Middle Initial) JAMES KEMPFER		Date of Receipt
	Mailing Address P O BOX 55		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	FOXHOME	MN	56543
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.15455
		Amount of Each Receipt this Period	
		<input type="text"/> 435.20	
Name of Employer SELF-EMPLOYED		Occupation FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 435.20	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1939.20
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: (check only one)	PAGE 11 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ROBERT KEMPFER		Date of Receipt
	Mailing Address P O BOX 25		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	FOXHOME	MN	56543
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15456
Name of Employer SELF-EMPLOYED		Occupation FARMER	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"/> 324.00

B.	Full Name (Last, First, Middle Initial) TODD KLEIN		Date of Receipt
	Mailing Address 2460 CO RD 16		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	BRECKENRIDGE	MN	56520
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15458
Name of Employer SELF-EMPLOYED		Occupation FARMER	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"/> 427.20

C.	Full Name (Last, First, Middle Initial) CAROLYN J KUTZER		Date of Receipt
	Mailing Address 9122 182 AVE SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 1 / 2 0 1 0
	City	State	Zip Code
	FAIRMOUNT	ND	58030
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.15465
Name of Employer SELF-EMPLOYED		Occupation FARMER	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"/> 275.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1026.20
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 12 / 42
(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Full Name (Last, First, Middle Initial)
C KEVIN KUTZER

Mailing Address 9005 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15460
Amount of Each Receipt this Period: 395.00

B.

Full Name (Last, First, Middle Initial)
DIANE K KUTZER

Mailing Address 9005 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15461
Amount of Each Receipt this Period: 395.00

C.

Full Name (Last, First, Middle Initial)
KYLE D KUTZER

Mailing Address 9122 182 AVE SE

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15464
Amount of Each Receipt this Period: 275.00

SUBTOTAL of Receipts This Page (optional) ► 1065.00

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 13 / 42
(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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial)
JERRY MEYER

Mailing Address P O BOX 592

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15473
Amount of Each Receipt this Period: 624.00

B. Full Name (Last, First, Middle Initial)
MARK MEYER

Mailing Address 9347 CO RD 81

City FAIRMOUNT State ND Zip Code 58030

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 597.60

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15474
Amount of Each Receipt this Period: 597.60

C. Full Name (Last, First, Middle Initial)
MARY E MEYER

Mailing Address P O BOX 592

City WAHPETON State ND Zip Code 58075

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15475
Amount of Each Receipt this Period: 320.00

SUBTOTAL of Receipts This Page (optional) ► 1541.60

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 14 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JEANETTE MILLER	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 18045 88 R ST SE	Transaction ID: SA11AI.15478
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 268.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 268.80	

B.	Full Name (Last, First, Middle Initial) LARRY C MILLER	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 18045 88 R ST SE	Transaction ID: SA11AI.15477
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 268.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 268.80	

C.	Full Name (Last, First, Middle Initial) BRENDA PROCHNOW	Date of Receipt MM / DD / YYYY 01 / 22 / 2010
	Mailing Address 17375 CO RD 16	Transaction ID: SA11AI.15516
	City WAHPETON State ND Zip Code 58075	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	777.60
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 16 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOSEPH SAUTER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 18155 100 ST SE		Transaction ID: SA11AI.15484		
	City FAIRMOUNT	State ND	Zip Code 58030	Amount of Each Receipt this Period 320.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 320.00		

B.	Full Name (Last, First, Middle Initial) LARRY SCHNEEBERGER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 25651 290TH AVE		Transaction ID: SA11AI.15485		
	City WENDELL	State MN	Zip Code 56590-9714	Amount of Each Receipt this Period 357.60	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 357.60		

C.	Full Name (Last, First, Middle Initial) CHARLES SCHREIBER		Date of Receipt MM / DD / YYYY 01 / 01 / 2010		
	Mailing Address 3850 310TH AVE		Transaction ID: SA11AI.15486		
	City FOXHOME	State MN	Zip Code 56543	Amount of Each Receipt this Period 955.20	
	FEC ID number of contributing federal political committee. C				
	Name of Employer SELF-EMPLOYED	Occupation FARMER	Aggregate Year-to-Date 955.20		

SUBTOTAL of Receipts This Page (optional)	1632.80
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 17 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial)
DARRIN SCHREINER

Mailing Address 4984 167TH AVE SE

City State Zip Code
KINDRED ND 58051

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt: MM / DD / YYYY
01 / 01 / 2010

Transaction ID: SA11AI.15439

Amount of Each Receipt this Period: 256.00

B. Full Name (Last, First, Middle Initial)
MICHAEL C STEINER

Mailing Address 3112 290TH ST

City State Zip Code
FOXHOME MN 56543-9412

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.80

Date of Receipt: MM / DD / YYYY
01 / 01 / 2010

Transaction ID: SA11AI.15488

Amount of Each Receipt this Period: 220.80

C. Full Name (Last, First, Middle Initial)
JAY THIMJON

Mailing Address 8451 HWY 127

City State Zip Code
WAHPETON ND 58075

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: MM / DD / YYYY
01 / 01 / 2010

Transaction ID: SA11AI.15490

Amount of Each Receipt this Period: 360.00

SUBTOTAL of Receipts This Page (optional) ► **836.80**

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 18 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) TROY THIMJON		Date of Receipt	
	Mailing Address 17785 86TH ST SE		M M / D D / Y Y Y Y 01 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.15489
	WAHPETON	ND	58075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1929.60	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1929.60		

B.	Full Name (Last, First, Middle Initial) JENNIFER WULFEKUHLE		Date of Receipt	
	Mailing Address 2260 300TH ST		M M / D D / Y Y Y Y 01 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.15500
	BRECKENRIDGE	MN	56520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		253.60	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		253.60		

C.	Full Name (Last, First, Middle Initial) JOSEPH C WULFEKUHLE		Date of Receipt	
	Mailing Address 2116 190TH ST		M M / D D / Y Y Y Y 01 / 01 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.15498
	WOLVERTON	MN	56594-9574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		505.60	
Name of Employer SELF-EMPLOYED		Occupation FARMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		505.60		

SUBTOTAL of Receipts This Page (optional)	▶	2688.80
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 19 / 42
(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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Full Name (Last, First, Middle Initial)
TONY WULFEKUHL

Mailing Address 2260 300TH ST

City BRECKENRIDGE State MN Zip Code 56520

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.60

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15499
 Amount of Each Receipt this Period: 253.60

B.

Full Name (Last, First, Middle Initial)
DAVID A YAGGIE

Mailing Address 2681 STATE HWY 210

City BRECKENRIDGE State MN Zip Code 56520

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1761.60

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15501
 Amount of Each Receipt this Period: 1761.60

C.

Full Name (Last, First, Middle Initial)
DONALD YAGGIE

Mailing Address 2642 STATE HWY 210

City BRECKENRIDGE State MN Zip Code 56520

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

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 01 / 01 / 2010
Transaction ID: SA11AI.15502
 Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ► 2415.20

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 20 / 42
	<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JEFFREY YAGGIE	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 2642 STATE HWY 210	Transaction ID: SA11AI.15503
	City State Zip Code BRECKENRIDGE MN 56520	Amount of Each Receipt this Period 617.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 617.60	

B.	Full Name (Last, First, Middle Initial) MICHAEL YAGGIE	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 1544 OAKWOOD AVE	Transaction ID: SA11AI.15504
	City State Zip Code WAHPETON ND 58075	Amount of Each Receipt this Period 646.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.40	

C.	Full Name (Last, First, Middle Initial) RICHARD YAGGIE	Date of Receipt MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 2338 STATE HWY 210	Transaction ID: SA11AI.15483
	City State Zip Code BRECKENRIDGE MN 56520-9665	Amount of Each Receipt this Period 1982.40
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation FARMER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1982.40	

SUBTOTAL of Receipts This Page (optional)	3246.40
TOTAL This Period (last page this line number only)	27264.80

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

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

FOR LINE NUMBER: PAGE 21 / 42
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial)
Sen. CHRISTOPHER J DODD
Mailing Address PO BOX 270701
City WEST HARTFORD State CT Zip Code 06127
FEC ID number of contributing federal political committee. **C** S0CT00037
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 29 / 2010
Transaction ID: SA16.15627
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Sen. BYRON L DORGAN
Mailing Address 1001 EAST CENTRAL AVENUE APT #8
City BISMARCK State ND Zip Code 58501
FEC ID number of contributing federal political committee. **C** S2ND00040
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 05 / 2010
Transaction ID: SA16.15528
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
ERIC JJ MASSA
Mailing Address 170 Delevan Avenue
City Corning State NY Zip Code 14830
FEC ID number of contributing federal political committee. **C** H6NY29168
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 03 / 22 / 2010
Transaction ID: SA16.15633
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ► 3000.00

**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 22 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) GARY L. ACKERMAN	Transaction ID: SB23.11503
	Mailing Address 113 Deer Run	Date of Disbursement 03 / 18 / 2010
	City Roslyn Heights State NY Zip Code 11577	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name GARY L. ACKERMAN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JASON ALTMIRE	Transaction ID: SB23.11500
	Mailing Address 8190 Streamside Drive	Date of Disbursement 03 / 18 / 2010
	City Pittsburgh State PA Zip Code 15237	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JASON ALTMIRE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE	Transaction ID: SB23.15532
	Mailing Address 1156 15TH ST NW SUITE 1101	Date of Disbursement 02 / 19 / 2010
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
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 23 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Sen. MAX BAUCUS	Transaction ID: SB23.11444 Date of Disbursement
	Mailing Address PO BOX 586	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HELENA State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Sen. MAX BAUCUS	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL F BENNET	Transaction ID: SB23.11492 Date of Disbursement
	Mailing Address 2830 EAST 7TH AVENUE	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City DENVER State CO Zip Code 80206	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL F BENNET	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. F. ALLEN JR. BOYD	Transaction ID: SB23.11453 Date of Disbursement
	Mailing Address P.O. Box 15703	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. F. ALLEN JR. BOYD	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) KEVIN BRADY <hr/> Mailing Address P.O. Box 8277 <hr/> City State Zip Code The Woodlands TX 77387 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name KEVIN BRADY Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 08	Transaction ID: SB23.11447 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) JOHN R. CARTER <hr/> Mailing Address 1717 North IH-35 Suite 304 <hr/> City State Zip Code Round Rock TX 78664 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name JOHN R. CARTER Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 31	Transaction ID: SB23.11489 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
C.	Full Name (Last, First, Middle Initial) Sen. CHAD CAUSEY <hr/> Mailing Address 205 SOUTH MAIN #203 <hr/> City State Zip Code JONESBORO AR 72401 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Sen. CHAD CAUSEY Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 01	Transaction ID: SB23.11439 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ►

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 25 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JAMES E CLYBURN	Transaction ID: SB23.11467 Date of Disbursement 02 / 25 / 2010
	Mailing Address 501 Juniper Street	Amount of Each Disbursement this Period 1000.00
	City Columbia State SC Zip Code 29203	
	Purpose of Disbursement	Category/Type
	Candidate Name JAMES E CLYBURN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. JOHN HOWARD COBLE	Transaction ID: SB23.11493 Date of Disbursement 03 / 18 / 2010
	Mailing Address 5741-L BRAMBLEGATE	Amount of Each Disbursement this Period 1000.00
	City GREENSBORO State NC Zip Code 27409	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. JOHN HOWARD COBLE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JIM MR. COSTA	Transaction ID: SB23.11475 Date of Disbursement 02 / 25 / 2010
	Mailing Address 2037 W Bullard Avenue PMB 355	Amount of Each Disbursement this Period 1000.00
	City Fresno State CA Zip Code 93711	
	Purpose of Disbursement	Category/Type
	Candidate Name JIM MR. COSTA	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 26 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOSEPH D COURTNEY	Transaction ID: SB23.11512 Date of Disbursement 03 / 18 / 2010
	Mailing Address 9 Tobias Court	Amount of Each Disbursement this Period 1000.00
	City Vernon State CT Zip Code 06066	
	Purpose of Disbursement	Category/Type
	Candidate Name JOSEPH D COURTNEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sen. MICHAEL D CRAPO	Transaction ID: SB23.11445 Date of Disbursement 02 / 19 / 2010
	Mailing Address 2005 CHARLOTTE	Amount of Each Disbursement this Period 1000.00
	City IDAHO FALLS State ID Zip Code 83402	
	Purpose of Disbursement	Category/Type
	Candidate Name Sen. MICHAEL D CRAPO	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HENRY R CUELLAR	Transaction ID: SB23.11496 Date of Disbursement 03 / 18 / 2010
	Mailing Address 1519 Washington Street 2nd Floor Suite 200	Amount of Each Disbursement this Period 1000.00
	City LAREDO State TX Zip Code 78042	
	Purpose of Disbursement	Category/Type
	Candidate Name HENRY R CUELLAR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 27 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. CHET EDWARDS	Transaction ID: SB23.11446 Date of Disbursement
	Mailing Address PO BOX 23273	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City WACO State TX Zip Code 76702	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. CHET EDWARDS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. JO ANN H EMERSON	Transaction ID: SB23.11452 Date of Disbursement
	Mailing Address 1637 THEMIS	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City CAPE GIRARDEAU State MO Zip Code 63701	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. JO ANN H EMERSON	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ELIOT ENGEL	Transaction ID: SB23.11502 Date of Disbursement
	Mailing Address 4901 Henry Hudson Pkwy West	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Bronx State NY Zip Code 10471	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name ELIOT ENGEL	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) CHAKA FATTAH	Transaction ID: SB23.11460 Date of Disbursement
	Mailing Address 3900 Ford Road Suite 12-O PO BOX 30743	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Philadelphia State PA Zip Code 19131	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name CHAKA FATTAH Category/Type <input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ROBERT W GOODLATTE	Transaction ID: SB23.11494 Date of Disbursement
	Mailing Address 3725 Dogwood Lane	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Roanoke State VA Zip Code 24014	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name ROBERT W GOODLATTE Category/Type <input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) RAUL M MR. GRIJALVA	Transaction ID: SB23.11476 Date of Disbursement
	Mailing Address 408 W Ohio Street	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Tucson State AZ Zip Code 85714	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name RAUL M MR. GRIJALVA Category/Type <input type="text"/>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 29 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) STEVEN BRETT GUTHRIE <hr/> Mailing Address 1005 WRENWOOD DRIVE <hr/> City BOWLING GREEN State KY Zip Code 42103 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name STEVEN BRETT GUTHRIE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11484 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DEBORAH 'DEBBIE' HALVORSON <hr/> Mailing Address 565 Aberdeen Dr <hr/> City Crete State IL Zip Code 60417 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name DEBORAH 'DEBBIE' HALVORSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11441 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rep. BARON HILL <hr/> Mailing Address 1136 KENSINGTON CT <hr/> City SEYMOUR State IN Zip Code 47274 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. BARON HILL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11486 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) JOHN HOEVEN	Transaction ID: SB23.11517 Date of Disbursement 03 / 18 / 2010
	Mailing Address 1131 NORTH 4TH STREET	Amount of Each Disbursement this Period 150.00
	City BISMARCK State ND Zip Code 58501	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN HOEVEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN HOEVEN	Transaction ID: SB23.11519 Date of Disbursement 03 / 18 / 2010
	Mailing Address 1131 NORTH 4TH STREET	Amount of Each Disbursement this Period 150.00
	City BISMARCK State ND Zip Code 58501	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN HOEVEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOHN HOEVEN	Transaction ID: SB23.11520 Date of Disbursement 03 / 18 / 2010
	Mailing Address 1131 NORTH 4TH STREET	Amount of Each Disbursement this Period 150.00
	City BISMARCK State ND Zip Code 58501	
	Purpose of Disbursement	Category/Type
	Candidate Name JOHN HOEVEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	450.00
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 31 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. T. TIMOTHY HOLDEN	Transaction ID: SB23.11499 Date of Disbursement
	Mailing Address 31 Pearl Street	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. T. TIMOTHY HOLDEN	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEVE MR. KING	Transaction ID: SB23.11449 Date of Disbursement
	Mailing Address 3897 Esther Avenue	<input type="text" value="02"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
	City Kiron State IA Zip Code 51448	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name STEVE MR. KING	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANN KIRKPATRICK	Transaction ID: SB23.11465 Date of Disbursement
	Mailing Address 432 West Cattle Drive Trail	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Flagstaff State AZ Zip Code 86001	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name ANN KIRKPATRICK	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 32 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) AMY J KLOBUCHAR <hr/> Mailing Address PO BOX 4146 <hr/> City ST PAUL State MN Zip Code 55104 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name AMY J KLOBUCHAR <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11459 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SUZANNE KOSMAS <hr/> Mailing Address 257 Minorca Beach Way <hr/> City New Smyrna Beach State FL Zip Code 32169 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name SUZANNE KOSMAS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11510 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rep. THOMAS P LATHAM <hr/> Mailing Address PO BOX 71 <hr/> City CLARION State IA Zip Code 50525 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Rep. THOMAS P LATHAM <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11506 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 33 / 42

<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

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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) Rep. SANDER M MR LEVIN	Transaction ID: SB23.11462 Date of Disbursement
	Mailing Address 230 North Avenue	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Mt. Clemens State MI Zip Code 48043	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name Rep. SANDER M MR LEVIN	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN H SR LEWIS	Transaction ID: SB23.11479 Date of Disbursement
	Mailing Address 103 SEWANEE AVE N W	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City ATLANTA State GA Zip Code 30314	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name JOHN H SR LEWIS	Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BLANCHE LAMBERT LINCOLN	Transaction ID: SB23.11516 Date of Disbursement
	Mailing Address 707 PLEASANT VALLEY DRIVE #20	<input type="text" value="03"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City LITTLE ROCK State AR Zip Code 72212	Amount of Each Disbursement this Period
	Purpose of Disbursement <input type="text"/>	<input type="text" value="1000.00"/>
	Candidate Name BLANCHE LAMBERT LINCOLN	Category/Type <input type="text"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 34 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) THADDEUS G MCCOTTER <hr/> Mailing Address 18430 GOLFVIEW <hr/> City LIVONIA State MI Zip Code 48152 <hr/> Purpose of Disbursement <hr/> Candidate Name THADDEUS G MCCOTTER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11474 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Sen. BARBARA A MIKULSKI <hr/> Mailing Address P O B 13147 <hr/> City BALTIMORE State MD Zip Code 21203 <hr/> Purpose of Disbursement <hr/> Candidate Name Sen. BARBARA A MIKULSKI <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11505 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) WALTER C MINNICK <hr/> Mailing Address 35 EAST BOWER STREET <hr/> City MERIDIAN State ID Zip Code 83642 <hr/> Purpose of Disbursement <hr/> Candidate Name WALTER C MINNICK <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11507 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 35 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. JAMES L HON. OBERSTAR <hr/> Mailing Address 317 9th Street NW <hr/> City Chisholm State MN Zip Code 55719 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11482 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Candidate Name Rep. JAMES L HON. OBERSTAR Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) SOLOMON P ORTIZ <hr/> Mailing Address 4514 CARLOW <hr/> City CORPUS CHRISTI State TX Zip Code 78413 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11495 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Candidate Name SOLOMON P ORTIZ Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) EDWARD L PASTOR <hr/> Mailing Address 1151 WEST THOMAS ROAD <hr/> City PHOENIX State AZ Zip Code 85013 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11443 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	Candidate Name EDWARD L PASTOR Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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 36 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) ERIK PAULSEN	Transaction ID: SB23.11480
	Mailing Address PO Box 44369	Date of Disbursement 02 / 25 / 2010
	City Eden Prairie State MN Zip Code 55344	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name ERIK PAULSEN	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 03	

B.	Full Name (Last, First, Middle Initial) EDWIN G PERLMUTTER	Transaction ID: SB23.11470
	Mailing Address 3440 YOUNGFIELD ST #264	Date of Disbursement 02 / 25 / 2010
	City WHEAT RIDGE State CO Zip Code 80033	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name EDWIN G PERLMUTTER	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 07	

C.	Full Name (Last, First, Middle Initial) Rep. COLLIN CLARK PETERSON	Transaction ID: SB23.11473
	Mailing Address 26192 FLOYD LAKE POINT ROAD	Date of Disbursement 02 / 25 / 2010
	City DETROIT LAKES State MN Zip Code 56501	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name Rep. COLLIN CLARK PETERSON	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 07	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. EARL RALPH POMEROY <hr/> Mailing Address Post Office Box 9336 <hr/> City BISMARCK State ND Zip Code 58502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. EARL RALPH POMEROY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11485 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BILL POSEY <hr/> Mailing Address 1803 HENSLEY DRIVE <hr/> City ROCKLEDGE State FL Zip Code 32955 <hr/> Purpose of Disbursement <hr/> Candidate Name BILL POSEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11508 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. DENNIS R REHBERG <hr/> Mailing Address 4401 HIGHWAY 3 <hr/> City BILLINGS State MT Zip Code 59106 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. DENNIS R REHBERG <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11448 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) MICHAEL J ROGERS <hr/> Mailing Address 6899 CORRIGAN DRIVE <hr/> City BRIGHTON State MI Zip Code 48116 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name MICHAEL J ROGERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11451 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MICHAEL AVERY ROSS <hr/> Mailing Address PO BOX 360 PO BOX 374 <hr/> City PRESCOTT State AR Zip Code 71857 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name MICHAEL AVERY ROSS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11478 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOHN T SALAZAR <hr/> Mailing Address PO Box 534 <hr/> City Pueblo State CO Zip Code 81002 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name JOHN T SALAZAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11514 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 39 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.	Full Name (Last, First, Middle Initial) LINDA SANCHEZ	Transaction ID: SB23.11477
	Mailing Address 1212 S. Victory Blvd	Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	City BURBANK State CA Zip Code 91502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name LINDA SANCHEZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 39	

B.	Full Name (Last, First, Middle Initial) MARK HAMILTON SCHAUER	Transaction ID: SB23.11504
	Mailing Address 1795 HAMILTON ROAD	Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
	City BATTLE CREEK State MI Zip Code 49017	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name MARK HAMILTON SCHAUER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District: 07	

C.	Full Name (Last, First, Middle Initial) KURT SCHRADER	Transaction ID: SB23.11487
	Mailing Address 2525 N BAKER DRIVE	Date of Disbursement MM / DD / YYYY 03 / 05 / 2010
	City CANBY State OR Zip Code 97013	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name KURT SCHRADER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OR District: 05	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. MICHAEL K SIMPSON <hr/> Mailing Address PO BOX 1541 <hr/> City BOISE State ID Zip Code 83701 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. MICHAEL K SIMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11481 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) GLENN MR. THOMPSON <hr/> Mailing Address 602 Walnut Street <hr/> City Howard State PA Zip Code 16841 <hr/> Purpose of Disbursement <hr/> Candidate Name GLENN MR. THOMPSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11497 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) UNITED STATES BEET SUGAR ASSOCIATION POLITICAL ACTION COMMITTEE <hr/> Mailing Address 1156 15TH STREET NW SUITE 1019 <hr/> City WASHINGTON State DC Zip Code 20005 <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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.15533 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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 41 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN <hr/> Mailing Address 10537 ST PAUL STREET <hr/> City KENSINGTON State MD Zip Code 20895 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11468 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name CHRIS VAN HOLLEN Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) TIMOTHY J. WALZ <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name TIMOTHY J. WALZ Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LYNN C WOOLSEY <hr/> Mailing Address P.O. Box 750176 <hr/> City Petaluma State CA Zip Code 94975 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.11515 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name LYNN C WOOLSEY Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 42 / 42

<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) DAVID MR. WU Mailing Address 818 SW Third Ave. #1182 City Portland State OR Zip Code 97204 Purpose of Disbursement Candidate Name DAVID MR. WU Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11464 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Sen. RONALD LEE WYDEN Mailing Address 2814 NE KNOTT City PORTLAND State OR Zip Code 97212 Purpose of Disbursement Candidate Name Sen. RONALD LEE WYDEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.11440 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

68950.00