

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Corn Growers Association (NCGA)

ADDRESS (number and street) 122 C Street NW, Suite 510  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00376343  
**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 07 01 2007 through 12 31 2007

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 Rodger Mansfield

Signature of Treasurer Electronically Filed by Rodger Mansfield Date 01 29 2008

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Corn Growers Association (NCGA)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>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>0</td><td>7</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 7 |  | 68374.55 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 7 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 131255.93               |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 210.00                  | 65022.00                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 131465.93               | 133396.55                         |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 43545.12                | 45475.74                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 87920.81                | 87920.81                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
National Corn Growers Association (NCGA)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 2 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 200.00                        | 53626.00                          |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 10.00                         | 10546.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 210.00                        | 64172.00                          |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 850.00                            |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 210.00                        | 65022.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 210.00                        | 65022.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 210.00                        | 65022.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....   | 23795.12                              | 31725.74                                  |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 23795.12                              | 31725.74                                  |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 19750.00                              | 13750.00                                  |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(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<br>Than Political Committees .....                                     | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(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<br>(from Schedule H6)   |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 43545.12                              | 45475.74                                  |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 43545.12                              | 45475.74                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 .....         | 210.00                        | 65022.00                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 210.00                        | 65022.00                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 23795.12                      | 31725.74                          |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 23795.12                      | 31725.74                          |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

A.

Full Name (Last, First, Middle Initial)  
Bob Timmons

Mailing Address Rt 1 Box 140A

City Fredonia State KS Zip Code 66736

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 0 7

Transaction ID: C368923

Amount of Each Receipt this Period  
200.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 200.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 200.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Capitol Advantage   | Transaction ID: D59818<br>Date of Disbursement  |
|    | Mailing Address P.O. Box 2018  | <input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Merrifield State VA Zip Code 22116  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Monthly on-line fees   | <input type="text" value="600.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>National Corn Growers Assoc   | Transaction ID: D47835<br>Date of Disbursement  |
|    | Mailing Address 632 Cepi Drive   | <input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement reimburse operating expenses   | <input type="text" value="22922.84"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54315<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="07"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement July Credit card fees  | <input type="text" value="35.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |
|    | State: District:   |   |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="23557.84"/> |
| <b>TOTAL</b> 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54316<br>Date of Disbursement<br>07 / 31 / 2007   |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | Amount of Each Disbursement this Period<br>10.24   |
|    | City Chesterfield State MO Zip Code 63005  |  |
|    | Purpose of Disbursement<br>July Bank charges   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54317<br>Date of Disbursement<br>08 / 31 / 2007   |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | Amount of Each Disbursement this Period<br>35.00   |
|    | City Chesterfield State MO Zip Code 63005  |  |
|    | Purpose of Disbursement<br>August Credit Card fees   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54318<br>Date of Disbursement<br>08 / 31 / 2007   |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | Amount of Each Disbursement this Period<br>10.66   |
|    | City Chesterfield State MO Zip Code 63005  |  |
|    | Purpose of Disbursement<br>August Bank charges   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 55.90 |
| <b>TOTAL</b> 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54319<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>September Credit card fees  | <input type="text" value="35.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54320<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>September bank charges  | <input type="text" value="10.84"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54654<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>Credit card fees October  | <input type="text" value="35.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="80.84"/> |
| <b>TOTAL</b> 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 10 / 21

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D54655<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Bank charges, October  | <input type="text" value="10.18"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D57092<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement December credit card fees to bank  | <input type="text" value="35.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Regions Bank  | Transaction ID: D57093<br>Date of Disbursement  |
|    | Mailing Address 100 Chesterfield Industrial Blvd.  | <input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/> |
|    | City Chesterfield State MO Zip Code 63005  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement December bank service charge   | <input type="text" value="10.12"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="55.30"/> |
| <b>TOTAL</b> 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 11 / 21

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Regions Bank<br><hr/> Mailing Address 100 Chesterfield Industrial Blvd.<br><hr/> City Chesterfield State MO Zip Code 63005<br><hr/> Purpose of Disbursement<br>November credit card fees<br>Candidate Name | Transaction ID: D57095<br>Date of Disbursement<br>11 / 30 / 2007<br><hr/> Amount of Each Disbursement this Period<br>35.00 |
|  |  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Regions Bank<br><hr/> Mailing Address 100 Chesterfield Industrial Blvd.<br><hr/> City Chesterfield State MO Zip Code 63005<br><hr/> Purpose of Disbursement<br>November bank charges<br>Candidate Name     | Transaction ID: D57096<br>Date of Disbursement<br>11 / 30 / 2007<br><hr/> Amount of Each Disbursement this Period<br>10.24 |
|  |  |

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

45.24

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

23795.12

**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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>RANGEL FOR CONGRESS</b>   | <b>Transaction ID: D47834</b>  |
|    | Mailing Address PO Box 5577   | Date of Disbursement<br>07 / 12 / 2007   |
|    | City New York State NY Zip Code 10027   | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>General contribution   | Category/<br>Type  |
|    | Candidate Name<br>Rep. Charles B. Rangel  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 15 | Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>EARL POMEROY FOR CONGRESS</b>   | <b>Transaction ID: D48142</b>  |
|    | Mailing Address P.O. Box 9336   | Date of Disbursement<br>07 / 26 / 2007   |
|    | City Fargo State ND Zip Code 58106  | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type  |
|    | Candidate Name<br>Rep. Earl Pomeroy   |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District: 00 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>HASTER FOR CONGRESS COMMITTEE</b>   | <b>Transaction ID: D47837</b>  |
|    | Mailing Address P. O. Box 625   | Date of Disbursement<br>07 / 12 / 2007   |
|    | City Batavia State IL Zip Code 60510  | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement<br>General contribution   | Category/<br>Type  |
|    | Candidate Name<br>Rep. J. Dennis Hastert  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 14 | Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>HASTERT FOR CONGRESS COMMITTEE</b><br>Mailing Address P. O. Box 625<br>City Batavia State IL Zip Code 60510<br>Purpose of Disbursement<br>Lost/Voiced Check from 7/12/07<br>Candidate Name<br>Rep. J. Dennis Hastert<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 14<br>Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D59817<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>1 2 / 3 1 / 2 0 0 7 |
|  | Amount of Each Disbursement this Period<br>-1000.00  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>COSTELLO FOR CONGRESS COMMITTEE</b><br>Mailing Address P. O. BOX 8250<br>City BELLEVILLE State IL Zip Code 62222<br>Purpose of Disbursement<br>General contribution<br>Candidate Name<br>Rep. Jerry F. Costello<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 12<br>Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D47840<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 1 2 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>1000.00   |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>MORAN FOR KANSAS</b><br>Mailing Address P.O. Box 1151<br>City Hays State KS Zip Code 67601<br>Purpose of Disbursement<br>General Contribution<br>Candidate Name<br>Rep. Jerry Moran<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KS District: 01<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D48145<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 6 / 2 0 0 7 |
|   | Amount of Each Disbursement this Period<br>500.00  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 500.00      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# 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)  
National Corn Growers Association (NCGA)

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/><b>TEAM EMERSON FOR JO ANN EMERSON</b></p> <p>Mailing Address <b>PO BOX 822</b></p> <p>City <b>CAPE GIRARDEAU</b> State <b>MO</b> Zip Code <b>63702</b></p> <p>Purpose of Disbursement<br/>General Contribution</p> <p>Candidate Name<br/>Rep. Jo Ann H. Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: <b>MO</b> District: <b>08</b></p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID: D48140</b><br/>Date of Disbursement<br/><b>07 / 26 / 2007</b></p> <p>Amount of Each Disbursement this Period<br/><b>1000.00</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/><b>VOLUNTEERS FOR SHIMKUS</b></p> <p>Mailing Address <b>PO Box 5458</b></p> <p>City <b>Springfield</b> State <b>IL</b> Zip Code <b>62705</b></p> <p>Purpose of Disbursement<br/>General contribution</p> <p>Candidate Name<br/>Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: <b>IL</b> District: <b>19</b></p> <p>Disbursement For: 2007<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID: D47842</b><br/>Date of Disbursement<br/><b>07 / 12 / 2007</b></p> <p>Amount of Each Disbursement this Period<br/><b>1000.00</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/><b>VOLUNTEERS FOR SHIMKUS</b></p> <p>Mailing Address <b>PO Box 5458</b></p> <p>City <b>Springfield</b> State <b>IL</b> Zip Code <b>62705</b></p> <p>Purpose of Disbursement<br/>Lost/Voided Check from 9/10/04</p> <p>Candidate Name<br/>Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: <b>IL</b> District: <b>19</b></p> <p>Disbursement For: 2004<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID: D59813</b><br/>Date of Disbursement<br/><b>07 / 10 / 2007</b></p> <p>Amount of Each Disbursement this Period<br/><b>-500.00</b></p> |

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

**1500.00**

**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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

A.

Full Name (Last, First, Middle Initial)  
LEE TERRY FOR CONGRESS

Transaction ID: D59814

Mailing Address P.O. Box 540098

Date of Disbursement

/   /

City Omaha State NE Zip Code 68154

Amount of Each Disbursement this Period

Purpose of Disbursement  
Lost/Voiced Check from 3/15/05

Category/  
Type

Candidate Name  
Rep. Lee Terry

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼  
State: NE District: 02

B.

Full Name (Last, First, Middle Initial)  
MUSGRAVE FOR CONGRESS

Transaction ID: D48144

Mailing Address 118 West Charlotte Street

Date of Disbursement

/   /

City Johnstown State CO Zip Code 80534

Amount of Each Disbursement this Period

Purpose of Disbursement  
General Contribution

Category/  
Type

Candidate Name  
Rep. Marilyn Musgrave

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: CO District: 04

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF RAY LAHOOD

Transaction ID: D47838

Mailing Address 4238 N Knoxville Ave

Date of Disbursement

/   /

City Peoria State IL Zip Code 61614

Amount of Each Disbursement this Period

Purpose of Disbursement  
General contribution

Category/  
Type

Candidate Name  
Rep. Ray H. Lahood

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼  
State: IL District: 18

**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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

A.

Full Name (Last, First, Middle Initial)  
KING FOR CONGRESS

Transaction ID: D48148  
Date of Disbursement

Mailing Address 126 Des Moines Street

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 6 |   | 2 | 0 | 0 | 7 |

City Odebolt State IA Zip Code 51458

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
General Contribution

Category/  
Type

Candidate Name  
Rep. Steve King

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IA District: 05

B.

Full Name (Last, First, Middle Initial)  
LATHAM FOR CONGRESS

Transaction ID: D48147  
Date of Disbursement

Mailing Address P.O. Box 71

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 6 |   | 2 | 0 | 0 | 7 |

City Clarion State IA Zip Code 50525

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
General Contribution

Category/  
Type

Candidate Name  
Rep. Tom Latham

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

C.

Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Transaction ID: D48150  
Date of Disbursement

Mailing Address PO BOX 1000

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 6 |   | 2 | 0 | 0 | 7 |

City DES MOINES State IA Zip Code 50304

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement  
General Contribution

Category/  
Type

Candidate Name  
Sen. Charles E. Grassley

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IA District: 00

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

|         |
|---------|
| 3000.00 |
|---------|

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

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|--|

**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)  
National Corn Growers Association (NCGA)

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br><b>MISSOURIANS FOR KIT BOND</b>  | <b>Transaction ID: D48146</b>   |
|    | Mailing Address <b>21 N MERAMEC 2ND FLOOR</b>   | Date of Disbursement<br>07 / 26 / 2007  |
|    | City <b>ST LOUIS</b> State <b>MO</b> Zip Code <b>63105</b>  | Amount of Each Disbursement this Period<br>2000.00  |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type   |
|    | Candidate Name<br><b>Sen. Christopher S. Bond</b>   |   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>MO</b> District: <b>00</b> | Disbursement For: <b>2008</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br><b>FRIENDS OF JOHN THUNE</b>   | <b>Transaction ID: D47839</b>   |
|    | Mailing Address <b>224 NORTH PHILLIPS AVENUE STE 210</b>  | Date of Disbursement<br>07 / 12 / 2007  |
|    | City <b>SIOUX FALLS</b> State <b>SD</b> Zip Code <b>57104</b>   | Amount of Each Disbursement this Period<br>1000.00  |
|    | Purpose of Disbursement<br>General contribution   | Category/<br>Type   |
|    | Candidate Name<br><b>Sen. John R. Thune</b>   |   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>SD</b> District: <b>00</b> | Disbursement For: <b>2007</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br><b>SALAZAR FOR SENATE</b>  | <b>Transaction ID: D48141</b>   |
|    | Mailing Address <b>PO BOX 600</b>   | Date of Disbursement<br>07 / 26 / 2007  |
|    | City <b>DENVER</b> State <b>CO</b> Zip Code <b>80201</b>  | Amount of Each Disbursement this Period<br>1000.00  |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type   |
|    | Candidate Name<br><b>Sen. Ken Salazar</b>   |   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: <b>CO</b> District: <b>00</b> | Disbursement For: <b>2008</b><br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> 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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>FRIENDS OF KENT CONRAD   | Transaction ID: D48151<br>Date of Disbursement<br>07 / 26 / 2007   |
|    | Mailing Address PO BOX 812  | Amount of Each Disbursement this Period<br>1000.00   |
|    | City BISMARCK State ND Zip Code 58502   |  |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Kent Conrad  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District: 00 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>FRIENDS OF KENT CONRAD   | Transaction ID: D59815<br>Date of Disbursement<br>07 / 10 / 2007   |
|    | Mailing Address PO BOX 812  | Amount of Each Disbursement this Period<br>-1000.00  |
|    | City BISMARCK State ND Zip Code 58502   |  |
|    | Purpose of Disbursement<br>Lost/Voided Check from 8/24/06   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Kent Conrad  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ND District: 00 | Disbursement For: 2006<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>MCCONNELL SENATE COMMITTEE '08   | Transaction ID: D48143<br>Date of Disbursement<br>07 / 26 / 2007   |
|    | Mailing Address PO BOX 1496   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City LOUISVILLE State KY Zip Code 40201   |  |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Mitch McConnell  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: KY District: 00 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1000.00 |
| <b>TOTAL</b> 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)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
National Corn Growers Association (NCGA)

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Coleman For U.S. Senate<br><br>Mailing Address 1410 Energy Park Dr., #11<br><br>City Saint Paul State MN Zip Code 55128<br><br>Purpose of Disbursement contribution to primary election<br>Candidate Name Sen. Norm Coleman<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 00<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D48260<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 2 / 2 0 0 7<br><br>Amount of Each Disbursement this Period<br>500.00  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Coleman For U.S. Senate<br><br>Mailing Address 1410 Energy Park Dr., #11<br><br>City Saint Paul State MN Zip Code 55128<br><br>Purpose of Disbursement contribution to primary election<br>Candidate Name Sen. Norm Coleman<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 00<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D48261<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 2 / 2 0 0 7<br><br>Amount of Each Disbursement this Period<br>500.00  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>FRIENDS OF DICK DURBIN COMMITTEE<br><br>Mailing Address PO BOX 1949<br><br>City SPRINGFIELD State IL Zip Code 62705<br><br>Purpose of Disbursement General contribution<br>Candidate Name Sen. Richard J. Durbin<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 00<br>Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: D47753<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 5 / 2 0 0 7<br><br>Amount of Each Disbursement this Period<br>1000.00 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2000.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**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)  
National Corn Growers Association (NCGA)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>TIM JOHNSON FOR SOUTH DAKOTA INC   | Transaction ID: D47836<br>Date of Disbursement<br>07 / 12 / 2007   |
|    | Mailing Address PO BOX 1859   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City SIOUX FALLS State SD Zip Code 57101  |  |
|    | Purpose of Disbursement<br>General contribution   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Tim Johnson  |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SD District: 00 | Disbursement For: 2007<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>CITIZENS FOR HARKIN  | Transaction ID: D48152<br>Date of Disbursement<br>07 / 26 / 2007   |
|    | Mailing Address P O BOX 811   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City DES MOINES State IA Zip Code 50304   |  |
|    | Purpose of Disbursement<br>General Contribution   | Category/<br>Type  |
|    | Candidate Name<br>Sen. Tom Harkin   |  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 00 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>SoyPAC  | Transaction ID: D59820<br>Date of Disbursement<br>07 / 12 / 2007  |
|    | Mailing Address 12125 Woodcrest Executive Drive Suite 100  | Amount of Each Disbursement this Period<br>-250.00  |
|    | City St. Louis State MO Zip Code 63141   |   |
|    | Purpose of Disbursement<br>Lost/Voided Check from 5/05/05  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1750.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 19750.00 |