

**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
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) P.O. BOX 455 315 NORTH BROADWAY
 Check if different than previously reported. (ACC)
NEW ULM MN 56073

2. **FEC IDENTIFICATION NUMBER** C00330696
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 11 01 2007 through 11 30 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 Sheryl Doering Meshke
Signature of Treasurer Electronically Filed by Sheryl Doering Meshke Date 12 17 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		353623.76
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	360227.28									
(c) Total Receipts (from Line 19)	4069.98	62780.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	364297.26	416404.13								
7. Total Disbursements (from Line 31)	2541.52	54648.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	361755.74	361755.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	2550.00	7428.24
(i) Itemized (use Schedule A)	1507.87	38612.44
(ii) Unitemized	4057.87	46040.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4057.87	46040.68
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.)	12.11	16739.69
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))	4069.98	62780.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4069.98	62780.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	541.52	9107.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	541.52	9107.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	40000.00
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	5540.88
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))..	2541.52	54648.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	2541.52	54648.39

DETAILED SUMMARY PAGE
of Disbursements

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)	4057.87	46040.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4057.87	46040.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	541.52	9107.51
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	541.52	9107.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
David G Brueggen

Mailing Address 29649 Odyssey

City State Zip Code
Cashton WI 54619

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.5764

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
James Daley

Mailing Address 5823 Cty Road 103 NW

City State Zip Code
Byron MN 55920

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.5754

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Ron Durst

Mailing Address RR 1 Box 189

City State Zip Code
Kasson MN 55944

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.5747

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	295.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Joel & Susan Sybesma Dutch Made Dairy		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 36629 269TH Street		Transaction ID: SA11A1.5761
City Platte	State SD	Zip Code 57369
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 220.00	
Name of Employer Self Employed	Occupation Dairy Farmer	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) B. John Grafenberg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 27628 Lincoln Road		Transaction ID: SA11A1.5755
City West Union	State IA	Zip Code 52175
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Self Employed	Occupation Dairy Farmer	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Ronald L Guenther		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1540 Hwy 51		Transaction ID: SA11A1.5749
City Bancroft	State NE	Zip Code 68004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Self Employed	Occupation Dairy Farmer	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	295.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dale Haverkamp		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 1349 Teal Avenue		Transaction ID: SA11A1.5762	
City State Zip Code Sumner IA 50674	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Dale or Judy Hoffman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 17965 320th Avenue		Transaction ID: SA11A1.5759	
City State Zip Code Waseca MN 56093	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Tim Holden Farms		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 228 West Elmore Street		Transaction ID: SA11A1.5763	
City State Zip Code Manly IA 50456	Amount of Each Receipt this Period 220.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Thomas Hoscheit Farms

Mailing Address RR 1 Box 31

City State Zip Code
Caledonia MN 55921

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.5760

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
David G Hulscher

Mailing Address RR1 Box 137

City State Zip Code
Goodwin SD 57238

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: SA11A1.5753

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Philip J Johnson

Mailing Address N7232 County Road D

City State Zip Code
Holmen WI 54636

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

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

Transaction ID: SA11A1.5745

Amount of Each Receipt this Period
10.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	255.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Dwight Magedanz

Mailing Address RT 1 Box 359

City State Zip Code
Revillo SD 57259

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.5756

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Alvin Mathern

Mailing Address 37527 135th Street

City State Zip Code
Mina SD 57462

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.5757

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Desmond Miller

Mailing Address 44985 281ST Street

City State Zip Code
Parker SD 57053

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 432.35

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

Transaction ID: SA11A1.5752

Amount of Each Receipt this Period
15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 455.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Joel and/or Sarah Pettit

Mailing Address 15361 440th Street

City State Zip Code
Zumbrota MN 55992

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

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

Transaction ID: SA11A1.5746

Amount of Each Receipt this Period
55.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Bill Rowekamp

Mailing Address Rt 2 Box 13

City State Zip Code
Lewiston MN 55952

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: SA11A1.5748

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Rodney Spartz

Mailing Address RT 1, Box 165

City State Zip Code
Goodwin SD 57238

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

Name of Employer Self Employed Occupation
Dairy Farmer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11A1.5758

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 14
	<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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. David H Sullivan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 1614 100TH Street		Transaction ID: SA11A1.5751	
City State Zip Code Oelwein IA 50662	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) B. Dan and or Jim Thyen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address Box 49		Transaction ID: SA11A1.5750	
City State Zip Code Waverly SD 57202	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) C. Chris Weisz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 39806 93rd Street		Transaction ID: SA11A1.5765	
City State Zip Code Hillman MN 56338	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer Self Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Dairy Farmer Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) ▶	265.00
TOTAL This Period (last page this line number only) ▶	2550.00

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)

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<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

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. AMPI		Transaction ID: SB21B.5769 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 7	
Mailing Address P.O. Box 455 315 North Broadway		Amount of Each Disbursement this Period 500.00	
City New Ulm	State MN	Zip Code 56073	Category/ Type
Purpose of Disbursement NOV-07 OPER EXPENSES			
Candidate Name			
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:		

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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)

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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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. A Lot of People for Dave Obey		Transaction ID: SB23.5771	
Mailing Address P.O. Box 75214		Date of Disbursement MM / DD / YYYY 11 / 16 / 2007	
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name A Lot of People for Dave Obey			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WI District: 7			

Full Name (Last, First, Middle Initial) B. Tim Walz for US Congress		Transaction ID: SB23.5772	
Mailing Address P O Box 938		Date of Disbursement MM / DD / YYYY 11 / 21 / 2007	
City Mankato	State MN	Zip Code 56002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement CONTRIBUTION		Category/ Type	
Candidate Name Tim Walz for US Congress			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District: 01			

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

2000.00