

# 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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

ADDRESS (number and street) 50 F Street NW  
Suite 900  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00002238  
**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 04 01 2011 through 04 30 2011

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 Jill M Thomson  
Signature of Treasurer Electronically Filed by Jill M Thomson Date 05 10 2011

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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		32256.06
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	44860.71									
(c) Total Receipts (from Line 19) .....	6725.00	37927.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	51585.71	70183.06								
7. Total Disbursements (from Line 31) .....	6018.98	28594.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45566.73	41589.06								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	4800.00	11602.00
(ii) Unitemized .....	1925.00	2825.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	6725.00	14427.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	23500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	6725.00	37927.00
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)) .....	6725.00	37927.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6725.00	37927.00

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	6000.00	28500.00
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.....	18.98	94.00
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))..	6018.98	28594.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6018.98	28594.00

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) .....	6725.00	37927.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6725.00	37927.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12  
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Brent Bostrom

Mailing Address 4 Scofield Ct

City Bloomington State IL Zip Code 61704-4809

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

Name of Employer Occupation Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID: AA9FE43B5C3084E99AE1**  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stevens Buckalew

Mailing Address 104 Watson Rd

City Centreville State MD Zip Code 21617-2310

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

Name of Employer Growmark, Inc. Occupation Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID: A9DDF77B87890400697D**  
 Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffery Solberg

Mailing Address 3111 Bristol Dr

City Bloomington State IL Zip Code 61704-1202

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

Name of Employer Growmark, Inc. Occupation Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 14 / 2011  
**Transaction ID: AA9D5D659887B4947824**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

**A.** Full Name (Last, First, Middle Initial)  
Shelly Kruse  
 Mailing Address 3901 Watertown Lane  
 City Bloomington State IL Zip Code 61705-8740  
 Date of Receipt 04 / 14 / 2011  
**Transaction ID:** AAC1B40A5D56E4C90B15  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis Farmer  
 Mailing Address 2105 Berry Ln  
 City Bloomington State IL Zip Code 61704-2791  
 Date of Receipt 04 / 14 / 2011  
**Transaction ID:** A50C46A548F704577A96  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Growmark, Inc. Unknown  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
James Spradlin  
 Mailing Address 30 Jasper Ct/  
 City Morton State IL Zip Code 61550-1150  
 Date of Receipt 04 / 14 / 2011  
**Transaction ID:** A565AFD8F24894764A7B  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Growmark, Inc. Unknown  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 8 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

**A.** Full Name (Last, First, Middle Initial)  
Larry Garlich

Mailing Address 22962 N. Cr 3010e

City State Zip Code  
Forest City IL 61532-9448

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

Name of Employer Occupation  
Growmark, Inc. Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** ACB0C8BC746F440538F3

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Marshall Bohbrink

Mailing Address 3107 Sable Oaks Rd

City State Zip Code  
Bloomington IL 61704-4850

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

Name of Employer Occupation  
Growmark, Inc. Unknown

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** A8CDBC644ED234E539CD

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Kelley

Mailing Address 2633 N. Linden St

City State Zip Code  
Normal IL 61761-9404

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

Name of Employer Occupation  
Unknown

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 14 / 2011

**Transaction ID:** AC14E048D8A774E4DB9C

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 9 / 12
	<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)  
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Davis Anderson		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address P o Box 2500		<b>Transaction ID:</b> A6B8CD5D94DCD49C18FA		
	City Bloomington	State IL	Zip Code 61702-2500	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Growmark, Inc.	Occupation Vice President, Grain			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Carroll		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address 3108 Wisteria Ln		<b>Transaction ID:</b> A318BE677CFFD49DFA2E		
	City Bloomington	State IL	Zip Code 61704-2771	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Growmark, Inc.	Occupation Unknown			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) James Hoyt		Date of Receipt MM / DD / YYYY 04 / 14 / 2011		
	Mailing Address 2204 Tori Ann Ln		<b>Transaction ID:</b> AF9B0B7029A4D4985BF2		
	City Bloomington	State IL	Zip Code 61704-3420	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer	Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> 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 10 / 12  
(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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A.

Full Name (Last, First, Middle Initial)  
Martin Reagan

Mailing Address P o Box 2047

City State Zip Code  
Omaha NE 68103-2047

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

Name of Employer Occupation  
Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: A5DC39E0155C845C7AB5

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4800.00

**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 11 / 12

<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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Boswell For Congress <hr/> Mailing Address Po Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3D8EB468511B402F9CC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Denham for Congress <hr/> Mailing Address PO BOX 368 <hr/> City Falls Church State VA Zip Code 22040 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B525BAE49B1F44673A2D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Farr <hr/> Mailing Address 555 Capitol Mall Suite 1425 <hr/> City Sacramento State CA Zip Code 95814 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC204A42538174022BE8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<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)

PAGE 12 / 12

<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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Graves For Congress Mailing Address 4701 Nw 82nd Street City Kansas City State MO Zip Code 64151 Purpose of Disbursement Candidate Name Rep. Sam B. GRAVES Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC5B5C542A0B941AB867 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Goodlatte For Congress Mailing Address P.o. Box 292 City Roanoke State VA Zip Code 24002 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B08A1781D0ED6406F997 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00

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

3000.00

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

6000.00