



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-3

June 28, 2001

Luther Allan Markwart, Treasurer  
American Sugarbeet Growers Association  
Political Action Committee  
1156 15<sup>th</sup> Street, NW, Suite 1101  
Washington, DC 20005

Identification Number: C00167684

Reference: Amended 12 Day Pre-General (10/1/00-10/30/00), dated 12/5/00, 30 Day Post-General (10/31/00-12/5/00) and Year End (11/8/00-12/31/00)  
Reports

Dear Mr. Markwart:

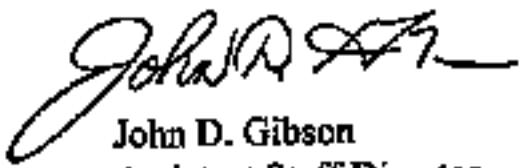
This letter is to inform you that as of June 27, 2001 the Commission has not received your response to our requests for additional information dated June 6, 2001. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

An adequate response must be received at the Commission by July 18, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Alice Kang on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the

Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,



John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Luther Allan Markwart, Treasurer  
American Sugarbeet Growers Association  
Political Action Committee  
1156 15<sup>th</sup> Street, NW, Suite 1101  
Washington, DC 20005

Identification Number: C00167684

JUN 6 2001

Reference: Year End Report (11/8/00-12/31/00)

Dear Mr. Markwart:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

Schedule A of your report (pertinent portion(s) attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation. Limited liability companies (LLC's) that choose to be treated as corporations under the Internal Revenue Service rules, or have shares that are traded publicly, are considered corporations. In the event that the LLC is treated as a partnership under IRS rules, the aforementioned contributions are to be attributed to each member in direct proportion to his or her share of the LLC's profit or by agreement of its members. Each member who has contributed in excess of \$200 since January 1, 1999 should be identified by name, address, amount of contribution, name of employer, occupation and aggregate total on Schedule A. 11 CFR §110.1(g)(1) through (5).

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and

refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

AMERICAN SUGARBEET GROWERS ASSOCIATION POLITICAL ACTION COMMITTEE  
PAGE 3

-You have received contributions from numerous entities, which appear to be unincorporated proprietorships or partnerships (pertinent portions attached). Generally, these types of contributions are to be attributed to each person based on their percentage of ownership in the firm. Each person who has contributed in excess of \$200 since January 1 should be identified by name, address, occupation, name of employer, amount of contribution, and aggregate total on Schedule A. 11 CFR §110.1(k) Please refer to the enclosed sample to properly attribute each partnership contribution. Please amend your report by providing the omitted information.

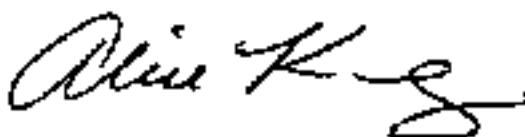
-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

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<u>Report Type</u>	<u>Coverage Dates</u>	<u>Due Date</u>
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000
April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/00-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Alice Kang  
Reports Analyst  
Reports Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 1 OF 8  
FOR LINE NUMBER  
11 a

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 communistic purposes, other than using the name and address of any political committee to solicit contributions from such committee.

## NAME OF COMMITTEE (in Full)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

James Duffin  
PO BOX 658  
Aberdeen, ID 83210

Name of Employer  
self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
428.00

Receipt For:  Primary  General Other (specify):

## B. Full Name, Mailing Address and ZIP Code

Raymond Duffin  
3182 W 2000 S  
Aberdeen, ID 83250

Name of Employer  
self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
240.50

Receipt For:  Primary  General Other (specify):

## C. Full Name, Mailing Address and ZIP Code

E&H Farms  
271 S 1300 W  
Pingree, ID 83252

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
578.50

Receipt For:  Primary  General Other (specify):

## D. Full Name, Mailing Address and ZIP Code

Lance Funk Farms  
PO BOX 310  
American Falls, ID 83211

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
459.00

Receipt For:  Primary  General Other (specify):

## E. Full Name, Mailing Address and ZIP Code

George Jr. LLC  
PO Box 619  
American Falls, ID 83211

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
220.00

Receipt For:  Primary  General Other (specify):

## F. Full Name, Mailing Address and ZIP Code

Richard Giesbrecht  
2215 W 2200 S  
Aberdeen, ID 83210

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
208.50

Receipt For:  Primary  General Other (specify):

## G. Full Name, Mailing Address and ZIP Code

George Grant  
525 N 100 W  
Rupert, ID 83350

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
308.25

Receipt For:  Primary  General Other (specify):

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

2,440.75

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER  
11 a f

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)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

Scott Stevenson  
349 West 900 North  
Paul, ID 83347

## Receipt For:

 Primary General Other (Specify):

## B. Full Name, Mailing Address and ZIP Code

James Trade  
2702 Russell  
American Falls, ID 83211

## Receipt For:

 Primary General Other (Specify):

## C. Full Name, Mailing Address and ZIP Code

Kim Wahlen  
P.O. Box W  
Aberdeen, ID 83210

## Receipt For:

 Primary General Other (Specify):

## D. Full Name, Mailing Address and ZIP Code

Web Basin Dairy  
MC 78 Box 1068  
American Falls, ID 83211

## Receipt For:

 Primary General Other (Specify):

## E. Full Name, Mailing Address and ZIP Code

Mike Wilkins  
170 N 600 W  
Rupert, ID 83350

## Receipt For:

 Primary General Other (Specify):

## F. Full Name, Mailing Address and ZIP Code

Christiansen Farms  
1396 S 3200 W  
Aberdeen, ID 83210

## Receipt For:

 Primary General Other (Specify):

## G. Full Name, Mailing Address and ZIP Code

Rick Wrigley  
788 S 450 E  
Burley, ID 83318

## Receipt For:

 Primary General Other (Specify):

## Name of Employer

Self-employed

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

327.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

327.00

## Name of Employer

Self-employed

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

231.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

231.00

## Name of Employer

Self-employed

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

470.50

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

470.50

## Name of Employer

Self-employed

## Occupation

Farming

## Aggregate Year-to-Date &gt; \$

225.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

225.00

## Name of Employer

Self-employed

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

215.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

215.00

## Name of Employer

Self-employed  
(PARTNERSHIP)

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

420.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

420.00

## Name of Employer

Self-employed

## Occupation

Farmer

## Aggregate Year-to-Date &gt; \$

250.00

Date (month,  
day, year)

12/15/00

Amount of Each  
Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) 2,138.50TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

PAGE 8 OF 4  
FOR LINE NUMBER  
11 p.l

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)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

John Bentz  
325 S. 5th East  
Mtn. Home, ID 83647

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Self-employed

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

210.40

## B. Full Name, Mailing Address and ZIP Code

Bergh Farms LLC  
1100 Phelps Circle  
Mtn. Home, ID 83647

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Self-employed

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

212.00

## C. Full Name, Mailing Address and ZIP Code

Bernard Saul  
2002 South 1500 East  
Gooding, ID 83320

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

self-employed

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

500.00

## D. Full Name, Mailing Address and ZIP Code

Vance Janbeck  
2300 W Overland Rd  
Meridian, ID 83842

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

self-employed

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

214.00

## E. Full Name, Mailing Address and ZIP Code

DeBoer Farms  
505 Alberta Ave.  
Nyssa, OR

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Self-employed

(PARTNERSHIP)

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

260.50

## F. Full Name, Mailing Address and ZIP Code

WBH Farms  
2390 Highway 201  
Nyssa, OR 97913

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

Partners

Date (month,  
day, year)

12/16/00

Amount of Each  
Receipt this Period

500.00

## G. Full Name, Mailing Address and ZIP Code

RGB Farms  
297 E 5400 N  
Hagerman, ID 83332

Receipt For:  Primary  General  
 Other (specify):

Name of Employer

self-employed

Date (month,  
day, year)

12/28/00

Amount of Each  
Receipt this Period

214.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

2,130.90

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Report

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11 a1

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## NAME OF COMMITTEE (In Full)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

Brothers Driscoll  
2260 S 3200 W  
Aberdeen, ID 83210

Receipt For:  Primary  General Other (Specify):

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
316.60

## B. Full Name, Mailing Address and ZIP Code

Roger Blase  
2178 E 4400 N  
Filer, ID 83324

Receipt For:  Primary  General Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
223.00

## C. Full Name, Mailing Address and ZIP Code

Harder Livestock  
1022 E 4200 N  
Buhl, ID 83316

Receipt For:  Primary  General Other (Specify):

Name of Employer  
self-employed

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
227.50

## D. Full Name, Mailing Address and ZIP Code

Blauer Brothers  
718 W. Hwy 30  
Burley, ID 83318

Receipt For:  Primary  General Other (Specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
291.20

## E. Full Name, Mailing Address and ZIP Code

Jason Duncan  
400 E 63 N  
Rupert, ID 83350

Receipt For:  Primary  General Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
260.00

## F. Full Name, Mailing Address and ZIP Code

Evers Brothers  
3109 S 2000 E  
Wendell, ID 83355

Receipt For:  Primary  General Other (Specify):

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
282.50

## G. Full Name, Mailing Address and ZIP Code

John and Steve Marshall  
600 E 181 S  
Jerome, ID 83338

Receipt For:  Primary  General Other (Specify):

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/29/00

Amount of Each  
Receipt this Period  
244.55

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

1,845.25

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

20,042.59

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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PAGE 1 OF 1  
FOR LINE NUMBER  
11.a.1

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## NAME OF COMMITTEE (In Full)

American Sugarbeet Growers Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed (PARTNERSHIP)	Date (month, day, year)	Amount of Each Receipt this Period
Sage Creek Land and Cattle 1292 Road 11 Worland, WY 82401	Occupation Farmer	12/06/00	297.74
Aggregate Year-to-Date > \$ 297.74			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Howard Wildman 111 West River Road Worland, WY 82401	Occupation Farmer	12/06/00	268.07
Aggregate Year-to-Date > \$ 268.07			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Don Pince 355 Powderline Rd Pavillion, WY 82523	Occupation Farmer	12/06/00	206.94
Aggregate Year-to-Date > \$ 206.94			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Weliever 1655 Missouri Valley Road Pavillion, WY 82523	Occupation Farmer	12/06/00	236.20
Aggregate Year-to-Date > \$ 236.20			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Weliever 1130 Missouri Valley Road Riverton, WY 82501	Occupation Farmer	12/06/00	346.54
Aggregate Year-to-Date > \$ 346.54			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed (PARTNERSHIP)	Date (month, day, year)	Amount of Each Receipt this Period
Allen Karmus 2799 Vothmer Loop American Falls, ID 83211	Occupation Farmer	12/16/00	215.00
Aggregate Year-to-Date > \$ 215.00			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Self-employed	Date (month, day, year)	Amount of Each Receipt this Period
David Beck 266 S 300 W Butler, ID 83344	Occupation Farmer	12/16/00	500.00
Aggregate Year-to-Date > \$ 500.00			
<input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):			

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

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

2,070.49

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER  
11 a)

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## NAME OF COMMITTEE (In Full)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

Behrend, Bertrand & Kittel  
2706 W 1800 S  
Aberdeen, ID

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
278.00

## B. Full Name, Mailing Address and ZIP Code

Neil Brown  
2933 W 1800 S  
Aberdeen, ID 83210

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
287.00

## C. Full Name, Mailing Address and ZIP Code

Thane Buck  
Star Route Box 27  
Declo, ID 83323

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
260.00

## D. Full Name, Mailing Address and ZIP Code

Barry Christensen  
1195 W 126 N  
Blackfoot, ID 83221

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
289.50

## E. Full Name, Mailing Address and ZIP Code

Countyline  
PO Box 380  
American Falls, ID 83211

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
465.50

## F. Full Name, Mailing Address and ZIP Code

Michael Driscoll  
1280 W 300 S  
Pingree, ID 83262

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
240.00

## G. Full Name, Mailing Address and ZIP Code

Brothers Driscoll  
2250 S 3200 W  
Aberdeen, ID 83210

Receipt For:  Primary  General

Other (specify):

Name of Employer  
Self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
271.50

SUBTOTAL of Receipts This Page (optional)

2,062.50

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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

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11 a 1

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## NAME OF COMMITTEE (In Full)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

Gary Harper  
2040 E 850 S  
Dreco, ID 83323

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
377.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 377.00

## B. Full Name, Mailing Address and ZIP Code

Layne Harper  
PO Box 586  
Paul, ID 83347

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
440.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 440.00

## C. Full Name, Mailing Address and ZIP Code

Larry Harper  
672 W 100 S  
Paul, ID 83347

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
250.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 250.00

## D. Full Name, Mailing Address and ZIP Code

Dwight Horsch  
1891 S 2700 W  
Aberdeen, ID 83210

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
240.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 240.00

## E. Full Name, Mailing Address and ZIP Code

Wayne Kendall Farms  
2678 W 1200 S  
Aberdeen, ID 83210

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
381.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 381.00

## F. Full Name, Mailing Address and ZIP Code

Kendall Ranches  
3107 W Neely Loop  
American Falls, ID 83211

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
335.00

Occupation  
Farmer

Aggregate Year-to-Date > \$ 335.00

## G. Full Name, Mailing Address and ZIP Code

Krown Farms  
2841 W 1700 S  
Aberdeen, ID 83210

Receipt For:

 Primary General Other (specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
320.00

Occupation  
Farming

Aggregate Year-to-Date > \$ 320.00

2,343.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE 5 OF  
8  
FOR LINE NUMBER  
11 a1

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)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

Law-Kerr Farms  
796 Hwy 81  
Burley, ID 83318

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
500.00

## B. Full Name, Mailing Address and ZIP Code

Kathy W. Miller  
750 N 900 E  
Rupert, ID 83350

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
267.50

## C. Full Name, Mailing Address and ZIP Code

Moss Farms  
450 S 850 E  
Delco, ID 83323

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
500.00

## D. Full Name, Mailing Address and ZIP Code

Potlatch Brothers Farms  
174 S 1075 W  
Blackfoot, ID 83321

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
300.00

## E. Full Name, Mailing Address and ZIP Code

Jackson Guy Poulsen  
2720 W Highway 39  
Aberdeen, ID 83210

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
250.00

## F. Full Name, Mailing Address and ZIP Code

Kip Poulsen  
2801 W 1800 S  
Aberdeen, ID 83210

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
245.50

## G. Full Name, Mailing Address and ZIP Code

Wade Povey  
3479 Povey Rd  
American Falls, ID 83211

Receipt For:  Primary  General

Other (Specify):

Name of Employer  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
250.00

SUBTOTAL of Receipts This Page (optional) ----- 2,313.00

TOTAL This Period (just page this line number only) -----

## SCHEDULE A

## ITEMIZED RECEIPTS

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

PAGE	OF
6	9
FOR LINE NUMBER	
11 & 1	

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)

American Sugarbeet Growers Association PAC

## A. Full Name, Mailing Address and ZIP Code

R.J. LLC  
50 E 800 N  
Rupert, ID 83350

Receipt For:

 Primary General Other (specify):

Name of Employer:  
self-employed (partnership)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
250.00

## B. Full Name, Mailing Address and ZIP Code

Ruit River Farms  
561 Terrace Dr.  
Burley, ID 83318

Receipt For:

 Primary General Other (specify):

Name of Employer:  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
800.00

## C. Full Name, Mailing Address and ZIP Code

Max Robbins  
1037 N 700 E  
Rupert, ID 83350

Receipt For:

 Primary General Other (specify):

Name of Employer:  
Self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
200.00

## D. Full Name, Mailing Address and ZIP Code

Ruit Times Farms  
3005 W 2100 S  
Aberdeen, ID 83210

Receipt For:

 Primary General Other (specify):

Name of Employer:  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
250.00

## E. Full Name, Mailing Address and ZIP Code

Sanders Farms  
549 W 800 S  
Burley, ID 83318

Receipt For:

 Primary General Other (specify):

Name of Employer:  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
600.00

## F. Full Name, Mailing Address and ZIP Code

Schritter Farms  
Box 449  
Aberdeen, ID 83210

Receipt For:

 Primary General Other (specify):

Name of Employer:  
Self-employed  
(PARTNERSHIP)

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
357.50

## G. Full Name, Mailing Address and ZIP Code

Dean Stevenson  
876 W 800 N  
Paul, ID 83347

Receipt For:

 Primary General Other (specify):

Name of Employer:  
self-employed

Date (month,  
day, year)  
12/15/00

Amount of Each  
Receipt this Period  
241.00

SUBTOTAL of Receipts This Page (optional) \_\_\_\_\_

2,678.50

TOTAL This Period (last page this line number only) \_\_\_\_\_

## PARTNERSHIP CONTRIBUTIONS

SCHEDULE A PARTNERSHIP CONTRIBUTIONS Contributions from Individuals		Line 11a(b) information The name, address, or place of business of the political committee and the amount of each contribution 111a(b)(1)	Page of Form 3X
<p>An individual listed from Part I, Report and Statement may, for tax purposes, be any partner for the purpose of making contributions or for reporting purposes other than using the name and address of any general committee to whom contributions have been made.</p> <p><input type="checkbox"/> Name of committee on file  <input checked="" type="checkbox"/> Fund for a Better Government</p>			
<p>1. For whom, during calendar year to date  <b>Martinez, Wolfgang &amp; Smith</b>          4886 Darrow Street          City, State ZIP</p> <p><input type="checkbox"/> Name of Partner  <input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>		<p>Name of Partner  <b>Partnership</b></p> <p><input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>	<p>Date received  <b>8/4/94</b></p> <p><input type="checkbox"/> See Attribution below</p> <p><b>\$750.00</b></p>
<p>2. For whom, during calendar year to date  <b>Ines Martinez</b>          91 Landau Street          City, State ZIP</p> <p><input type="checkbox"/> Name of Partner  <input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>		<p>Name of Partner  <b>above</b></p> <p><input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>	<p>Date received  <b>8/4/94</b></p> <p><input type="checkbox"/> See Attribution below</p> <p><b>\$250.00</b></p> <p><b>MEMO</b></p>
<p>3. For whom, during calendar year to date  <b>Austin Wolfgang</b>          188 Carriage Circle          City, State ZIP</p> <p><input type="checkbox"/> Name of Partner  <input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>		<p>Name of Partner  <b>above</b></p> <p><input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>	<p>Date received  <b>8/4/94</b></p> <p><input type="checkbox"/> See Attribution below</p> <p><b>\$250.00</b></p> <p><b>MEMO</b></p>
<p>4. For whom, during calendar year to date  <b>David J. Smith</b>          27 Second Street          City, State ZIP</p> <p><input type="checkbox"/> Name of Partner  <input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>		<p>Name of Partner  <b>above</b></p> <p><input type="checkbox"/> Name of Accountant  <input type="checkbox"/> Name of Bookkeeper  <input type="checkbox"/> Name of Executive Officer  <input type="checkbox"/> Name of Lawyer  <input type="checkbox"/> Name of Other Person  <input type="checkbox"/> Name of Secretary  <input type="checkbox"/> Name of Treasurer</p>	<p>Date received  <b>8/4/94</b></p> <p><input type="checkbox"/> See Attribution below</p> <p><b>\$250.00</b></p> <p><b>MEMO</b></p>

### Reporting Partnership Contributions

#### Included In Total Figure

Partnership contributions are included in the total figure reported for "contributions from individuals/persons other than political committees" on the Detailed Summary Page of Form 3X.

#### Itemization

If a partnership contribution exceeds \$200 or aggregates over \$200 during a calendar year, the committee must itemize the contribution on a Schedule A used for "Contributions from Individuals/Persons Other Than Political Committees" (Line 11a(b)).

Additionally, if an individual partner's share of the contribution exceeds \$200 when combined with other contributions received from that partner in the same calendar year, the committee must disclose, as a memo entry, itemized information on the partner (name, address, occupation, date contribution received, partner's share of contribution and aggregate year-to-date total of contributions made by that partner), 104.8 and 110.1(e).

