

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

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

2. **FEC IDENTIFICATION NUMBER** C00164939
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STEVEN CASPERS

Signature of Treasurer Electronically Filed by STEVEN CASPERS Date 07 14 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
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		155680.94
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	148327.74									
(c) Total Receipts (from Line 19)	596.52	27429.32								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	148924.26	183110.26								
7. Total Disbursements (from Line 31)	37015.00	71201.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	111909.26	111909.26								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	5000.00									
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

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	0.00	20562.56
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	4439.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100.00	25001.78
(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)	100.00	25001.78
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	496.52	1427.54
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))	596.52	27429.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	596.52	27429.32

DETAILED SUMMARY PAGE

of Disbursements

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.....	15.00	1201.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15.00	1201.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	65000.00
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.....	5000.00	5000.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37015.00	71201.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37015.00	71201.00

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)	100.00	25001.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	25001.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15.00	1201.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15.00	1201.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1115.48

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.14005

Amount of Each Receipt this Period
184.46

INTEREST INCOME

B. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1115.99

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 8

Transaction ID: SA17.14006

Amount of Each Receipt this Period
0.51

INTEREST INCOME

C. Full Name (Last, First, Middle Initial)
WELLS FARGO BANK

Mailing Address 406 MAIN AVENUE

City State Zip Code
FARGO ND 58126

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1116.68

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA17.14007

Amount of Each Receipt this Period
0.69

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional) ► **185.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input 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 checked="" type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14008
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="163.35"/>
		<input type="text" value="1280.03"/>	INTEREST INCOME

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14016
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="0.69"/>
		<input type="text" value="1280.72"/>	INTEREST INCOME

C.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK		Date of Receipt
	Mailing Address 406 MAIN AVENUE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FARGO	ND	58126
	FEC ID number of contributing federal political committee. C		Transaction ID: SA17.14018
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="146.82"/>
		<input type="text" value="1427.54"/>	INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="310.86"/>
TOTAL This Period (last page this line number only)	<input type="text" value="496.52"/>

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

A.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14003 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	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) ▼

B.	Full Name (Last, First, Middle Initial) WELLS FARGO BANK	Transaction ID: SB21B.14004 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	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) WELLS FARGO BANK	Transaction ID: SB21B.14017 Date of Disbursement
	Mailing Address 406 MAIN AVENUE	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City FARGO State ND Zip Code 58126	Amount of Each Disbursement this Period
	Purpose of Disbursement SERVICE CHARGE	<input type="text" value="5.00"/>
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="15.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="15.00"/>

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

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

<p>A. Full Name (Last, First, Middle Initial) Rep. NEIL ABERCROMBIE</p> <p>Mailing Address 1050 Ala Moana Blvd. #D28</p> <p>City Honolulu State HI Zip Code 96814</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. NEIL ABERCROMBIE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14015 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GARY L. ACKERMAN</p> <p>Mailing Address 113 Deer Run</p> <p>City Roslyn Heights State NY Zip Code 11577</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name GARY L. ACKERMAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13964 Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MICHAEL A ARCURI</p> <p>Mailing Address PO Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MICHAEL A ARCURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14012 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rep. F. A JR. BOYD	Transaction ID: SB23.13973 Date of Disbursement
	Mailing Address P.O. BOX 15703	<input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City TALLAHASSEE State FL Zip Code 32317	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. F. A JR. BOYD	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rep. DAVID LEE CAMP	Transaction ID: SB23.13987 Date of Disbursement
	Mailing Address 5905 Wimbledon Ct.	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Midland State MI Zip Code 48642	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. DAVID LEE CAMP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DONALD J CAZAYOUX	Transaction ID: SB23.14009 Date of Disbursement
	Mailing Address 803 E MAIN ST	<input type="text" value="06"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NEW ROADS State LA Zip Code 70760	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name DONALD J CAZAYOUX	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sen. THAD COCHRAN	Transaction ID: SB23.13986 Date of Disbursement
	Mailing Address 386A HIGHWAY 7 SOUTH	<input type="text" value="05"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City OXFORD State MS Zip Code 38655	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. THAD COCHRAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sen. NORM COLEMAN	Transaction ID: SB23.13992 Date of Disbursement
	Mailing Address 680 TRANSFER ROAD SUITE A	<input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ST PAUL State MN Zip Code 55114	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sen. NORM COLEMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JERRY F COSTELLO	Transaction ID: SB23.13974 Date of Disbursement
	Mailing Address 2608 PRO TOUR DRIVE	<input type="text" value="04"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City BELLEVILLE State IL Zip Code 62220	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name JERRY F COSTELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) HENRY R CUELLAR</p> <p>Mailing Address 1519 Washington Street 2nd Floor Suite 200</p> <p>City LAREDO State TX Zip Code 78042</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name HENRY R CUELLAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13990 Date of Disbursement 05 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ROSA DELAURO</p> <p>Mailing Address 49 Huntington Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name ROSA DELAURO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13968 Date of Disbursement 04 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) ELIZABETH DOLE</p> <p>Mailing Address 712 S FULTON STREET</p> <p>City SALISBURY State NC Zip Code 28144</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name ELIZABETH DOLE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13993 Date of Disbursement 06 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Rep. SAM FARR <hr/> Mailing Address P.O. Box 7548 SE CORNER SANTA LUCIA/CAMINO REAL <hr/> City Carmel State CA Zip Code 93920 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name Rep. SAM FARR Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17	Transaction ID: SB23.13972 Date of Disbursement MM / DD / YYYY 04 / 21 / 2008 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
	B. Full Name (Last, First, Middle Initial) RAYMOND E. 'GENE' GREEN <hr/> Mailing Address PO Box 16128 <hr/> City Houston State TX Zip Code 77222 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name RAYMOND E. 'GENE' GREEN Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 29
C. Full Name (Last, First, Middle Initial) RAUL M MR. GRIJALVA <hr/> Mailing Address 408 W Ohio Street <hr/> City Tucson State AZ Zip Code 85714 <hr/> Purpose of Disbursement <input type="text"/> <hr/> Candidate Name RAUL M MR. GRIJALVA Category/Type <input type="text"/> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 07	Transaction ID: SB23.13969 Date of Disbursement MM / DD / YYYY 04 / 04 / 2008 <hr/> Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MAURICE D HINCHEY	Transaction ID: SB23.13998 Date of Disbursement 06 / 10 / 2008
	Mailing Address PO Box 4497	Amount of Each Disbursement this Period 1000.00
	City Kingston State NY Zip Code 12402	
	Purpose of Disbursement	Category/Type
	Candidate Name MAURICE D HINCHEY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sen. TIM JOHNSON	Transaction ID: SB23.13996 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO BOX 1859	Amount of Each Disbursement this Period 1000.00
	City SIOUX FALLS State SD Zip Code 57101	
	Purpose of Disbursement	Category/Type
	Candidate Name Sen. TIM JOHNSON	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rep. MARCY KAPTUR	Transaction ID: SB23.13979 Date of Disbursement 04 / 21 / 2008
	Mailing Address P.O. Box 899	Amount of Each Disbursement this Period 1000.00
	City Toledo State OH Zip Code 43697	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. MARCY KAPTUR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

A.	Full Name (Last, First, Middle Initial) STEVE MR. KING	Transaction ID: SB23.13975 Date of Disbursement 04 / 21 / 2008
	Mailing Address 3897 Esther Avenue	Amount of Each Disbursement this Period 1000.00
	City Kiron State IA Zip Code 51448	Category/ Type
	Purpose of Disbursement	
Candidate Name STEVE MR. KING	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOHN KUHL	Transaction ID: SB23.13984 Date of Disbursement 04 / 23 / 2008
	Mailing Address 12262 WEST LAKE RD	Amount of Each Disbursement this Period 1000.00
	City HAMMONDSPORT State NY Zip Code 14840	Category/ Type
	Purpose of Disbursement	
Candidate Name JOHN KUHL	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) BETTY MCCOLLUM	Transaction ID: SB23.13997 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO BOX 14131	Amount of Each Disbursement this Period 1000.00
	City ST PAUL State MN Zip Code 55114	Category/ Type
	Purpose of Disbursement	
Candidate Name BETTY MCCOLLUM	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

<p>A. Full Name (Last, First, Middle Initial) Rep. MIKE MCINTYRE</p> <p>Mailing Address 1701 North Chestnut Street</p> <p>City Lumberton State NC Zip Code 28358</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. MIKE MCINTYRE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13978 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type <input type="text"/></p>
<p>B. Full Name (Last, First, Middle Initial) CHARLIE JR. MELANCON</p> <p>Mailing Address PO Box 549 PO BOX 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name CHARLIE JR. MELANCON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.14014 Date of Disbursement 06 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) MICHAEL H MICHAUD</p> <p>Mailing Address 213 Lisbon Street</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name MICHAEL H MICHAUD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.13976 Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type <input type="text"/></p>

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 21

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

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

A.	Full Name (Last, First, Middle Initial) NICK JOE J II RAHALL	Transaction ID: SB23.13989
	Mailing Address P O Box 64	Date of Disbursement 05 / 08 / 2008
	City Beckley State WV Zip Code 25802	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name NICK JOE J II RAHALL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN T SALAZAR	Transaction ID: SB23.14002
	Mailing Address PO Box 534	Date of Disbursement 06 / 10 / 2008
	City Pueblo State CO Zip Code 81002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name JOHN T SALAZAR	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ	Transaction ID: SB23.14001
	Mailing Address 4479 FOXGLOVE LN	Date of Disbursement 06 / 10 / 2008
	City WESTON State FL Zip Code 33331	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name DEBBIE WASSERMAN SCHULTZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rep. IKE SKELTON	Transaction ID: SB23.13977 Date of Disbursement 04 / 21 / 2008
	Mailing Address 1814 Franklin Avenue	Amount of Each Disbursement this Period 1000.00
	City Lexington State MO Zip Code 64067	
	Purpose of Disbursement	Category/Type
	Candidate Name Rep. IKE SKELTON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sen. GORDON HAROLD SMITH	Transaction ID: SB23.13963 Date of Disbursement 04 / 04 / 2008
	Mailing Address 1101 SKYLINE DRIVE	Amount of Each Disbursement this Period 1000.00
	City PENDLETON State OR Zip Code 97801	
	Purpose of Disbursement	Category/Type
	Candidate Name Sen. GORDON HAROLD SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MARK E UDALL	Transaction ID: SB23.13995 Date of Disbursement 06 / 04 / 2008
	Mailing Address PO BOX 40158	Amount of Each Disbursement this Period 1000.00
	City DENVER State CO Zip Code 80204	
	Purpose of Disbursement	Category/Type
	Candidate Name MARK E UDALL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRIS VAN HOLLEN Mailing Address 10537 ST PAUL STREET City KENSINGTON State MD Zip Code 20895 Purpose of Disbursement <input type="text"/> Candidate Name CHRIS VAN HOLLEN Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 08	Transaction ID: SB23.13966 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
B.	Full Name (Last, First, Middle Initial) TIMOTHY J WALZ Mailing Address 12 Valley View Place City Mankato State MN Zip Code 56001 Purpose of Disbursement <input type="text"/> Candidate Name TIMOTHY J WALZ Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01	Transaction ID: SB23.13970 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period <input type="text" value="500.00"/>
C.	Full Name (Last, First, Middle Initial) TIMOTHY J WALZ Mailing Address 12 Valley View Place City Mankato State MN Zip Code 56001 Purpose of Disbursement <input type="text"/> Candidate Name TIMOTHY J WALZ Category/Type <input type="text"/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 01	Transaction ID: SB23.13971 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only) ▶	<input type="text" value="32000.00"/>

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

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NAME OF COMMITTEE (In Full)

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Full Name (Last, First, Middle Initial)

WESTERN SUGAR PAC

Transaction ID: SB27.13981

Date of Disbursement

Mailing Address 7555 E HAMPDEN AVE STE 600

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	0	8

City State Zip Code
DENVER CO 80231

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
LOAN

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00

SCHEDULE C (FEC Form 3X)

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

LOANS

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

Transaction ID: SC/9.13981

LOAN SOURCE Full Name (Last, First, Middle Initial)
WESTERN SUGAR PAC

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 7555 E HAMPDEN AVE STE 600

City DENVER State CO ZIP Code 80231

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred: MM DD YY YY (04 22 2008) Date Due: Interest Rate: Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)	5000.00
TOTALS This Period (last page in this line only)	5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.