**FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1. NAME (	OF TTEE (in full)	TYPE OR PRINT ▼		ample: If typing, typer the lines.	pe 12F1	E4M5	3
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tha	eck if different in previously orted. (ACC)	T,W,I,N,,,F	$A_{l}L_{l}S_{l}$		I <sub>D</sub>	[8,3,3]	0,1,-
2. FEC ID	ENTIFICATION N	UMBER ▼	CITY A		STATE	<b>A</b> 2	ZIP CODE 🛦
C o	0 4 4 1 0	8.9	3. IS THIS REPORT	NEW (N)	or $\square$	AMENDED (A)	
(Choose	OF REPORT One)  arterly Reports:  April 15 Quarterly Report (Counterly Report (Non-electic Year Only) (MY)  Termination Report (TER)	(C) 12-Day PRE-Elic Report  Q3)  YE)  (d) 30-Day POST-E Report	Election on	)	(M7) Ge	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eneral (12G) ecial (12S)	Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE) Runoff (12R)  in the State of Special (30S) in the State of
	g Period 0	nis Report and to the	e best of my kno	through	0 3 / 3	1 / 2 0	<u>2</u> 0
-	t Name of Treasure	Kara Olawa	o book or my kind			and complete	<i>.</i>
Signature of	Treasurer	me d	lotter	· · · · · · · · · · · · · · · · · · ·	Date	77 7	8 2020
	T T	neous, or incomplete i	information may s	ubject the person si	gning this Repo	rt to the penaltie	s of 52 U.S.C. § 301
	ffice Jse						FORM 3X ev. 05/2016

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ΩF	RECEIPTS AND DISBURSEME	NTS

FEC. <b>Form 3X</b> (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		:
Glanbia Foods Inc PAC		
Report Covering the Period: From:	0 1 2 0 2 0	0 3
<del></del>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2 0 2 0		1 5 7 5 0 0
(b) Cash on Hand at  Beginning of Reporting Period	1 5 7 5 0 0	
(c) Total Receipts (from Line 19)	0 0 0	0_0, 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1 5 7 5 0 0	1 5 7 5 0 0
7. Total Disbursements (from Line 31)	2 6 0 0	2 6 0 0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1 5 4 9 0 0	1 5 4 9 0 0
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0 0	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	0_0 0	
This committee has qualified as a mu	ulticandidate committee. (see FEC FORM 1M)	
· ·	For further information contact:	<del></del>
	Federal Election Commission 1050 First Street, N.E. Washington, DC 20463	
	Toll Free 800-424-9530	

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	FEC Form 3X (Rev. 05/2016)	of Hecelpts	Page 3
W	rite or Type Committee Name		to the same of the
	Slanbia Foods Inc PAC		,
_	INCHES TO SEE THE PACE	/ <b>Paral</b> / <b>Paral</b> / <b>Paral</b>	
R	eport Covering the Period: From:	0 1 2 0 2 0 To:	0 3 3 1 2 0 2 0
	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)	23 N 3 N 287	,
	(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	72 42 42	72 72 73
	(b) Political Party Committees (c) Other Political Committees (such as PACs)		
12.	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other  Party Committees	272 272 272 272	422-1-422-1-422-1-423-1-4
13.	All Loans Received	17. 1 1. 27. 1 1. 27.	
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	(Carry Totals to Line 37, page 5)	77- 79-	2 1 2 1 2 1 2 1
17.	Political Committees  Other Federal Receipts (Dividends, Interest, etc.)		23 1 23 1 23
18.	Transfers from Non-Federal and Levin Funds  (a) Non-Federal Account	473 4 473	
	(from Schedule H3)	273 4 273 4 273	
	(b) Levin Funds (from Schedule H5)	*	73.4.73
	(c) Total Transfers (add 18(a) and 18(b))		23. 42)
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0 0 0	0 20 0
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0 0 0	0 0 0

## **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date

II. Disbursements 1. . . . . 21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures 22. Transfers to Affiliated/Other Party Committees..... Contributions to 23. Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (use Schedule E) ...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) 25. (use Schedule F)..... 26. Loan Repayments Made..... 27. 28. (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... Total Contribution Refunds (add Lines 28(a), (b), and (c))........... 29. Other Disbursements (Including Non-Federal Donations)..... 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add . Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 0 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

	<b>DETAIL</b>	.ED	SUM	MARY	PAGE
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of Disbursements

	FEC Form 3X (Rev. 05/2016)	or bigbaroginents	Page <b>5</b>
	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)	472	at a supplied to the state of
34.	Total Contribution Refunds (from Line 28(d))	42. 42. 43.	492 472 473
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2 6 0 0	2 6 0 0
<b>3</b> 7.	Offsets to Operating Expenditures (from Line 15, page 3)	72	72 72 72
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	2 6 0 0	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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SCHEDULE B (FEC Form 3X)			1 -						1.	2465	1 /	OF 1
ITEMIZED DISBURSEMENTS	Use sepa				NUMBER: PAGE 1 OF 1							
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NAME OF COMMITTEE (In Full)												
∕Glanbia Foods Inc PAC	•							•				
Full Name (Last, First, Middle Initial)												
A. Type text here						Date o	of Dis	burse	ement		VV-	
Mailing Address				_		M - N		Ľ				
City	State	Zip Code			-	FEC I	dentif	icatio	n Numb	er		
Purpose of Disbursement					╗	CC	0	Ц	4.1.	1).5	19	
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President  State: District:	Other (spe	cify) ▼				М	emo	ltem				
Full Name (Last, First, Middle Initial)		· <del></del>					_					
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City	State	Zip Code				FEC I	dentif	icatio	n Numb	er		
Purpose of Disbursement			•	_	7	С						
Candidate Name				gory pe	<b>,</b>	Amour	nt of	Each	Disburs	semer	nt this	Period
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Senate	Primary	General				سلسبا		<u>,</u>	<u> </u>	<del>`                                    </del>		لــــــــــــــــــــــــــــــــــــــ
President State: District:	Other (spe	cify)				М	emo	Item				
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C.						Date of	of Dis	burse	ement			
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City	State	Zip Code				FEC I	dentif	ficatio	n Numb	er	<u>-</u>	
Purpose of Disbursement		1	_		<b>-</b>	С				<del>-</del>		
Candidate Name		<u> </u>	Cate	gory		Amour	nt of	Each	Disbur	seme	nt this	Period
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TOTAL This Period (last page this line number only	٨				_					•	710	00

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SCHEDULE A. (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)  11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any plame and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Full Name of Individual (Last, First, Middle Initia	l) or Full Organization Name	Date of Receipt
Mailing Address		Maw / Dad / Jakakak
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	c	<u> </u>
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Initia	ll) or Full Organization Name	Date of Receipt
Mailing Address	,	M M / D D /
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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
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Other (specify) ▼		]
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City	State Zip Code	Amount of Each Receipt this Period
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Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	]
SUBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , , ,
TOTAL This Period (last page this line number or	ntv)	

glanbia

Glanbia Foods, Inc.

121 4th Ave. S.

Twin Falls, ID 83301-6223

Federal Electron Commission 1050 First Street NE Washington, DC 20463

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(3/2015)	