PAGE 1 / 15

Image# 14961697805

### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

| TORW 3X                              | For Other Than An                         | Authorized Comn        | nittee               |                   | Office Use Only                             |              |
|--------------------------------------|---|------------------------|----------------------|-------------------|---|--------------|
| 1. NAME OF                           | TYPE OR PRINT ▼                           | Example: If            | typing, type         | 1000414           | Since due only                              |              |
| COMMITTEE (in full)                  |   | over the line          |                      | 12FE4M5           |   |              |
| NATIONAL MILK PRO                    | ODUCERS FEDER                             | RATION PAC (N          | MPF PAC)             |                   |   |              |
|                                      |   |                        |                      |                   |   |              |
| ADDRESS (number and street)          | 2101 WILSON BOULE                         | VARD SUITE 400         |                      |                   |   |              |
| Check if different                   |   |                        |                      |                   |   |              |
| than previously reported. (ACC)      | Arlington                                 |                        |                      | L VA              | 22201                                       |              |
| 2. FEC IDENTIFICATION N              | NUMBER ▼                                  | CITY A                 |                      | STATE A           | ZIP CODE ▲                                  |              |
| C C00325324                          |   | B. IS THIS REPORT X    | NEW<br>(N) <b>OR</b> | AM (A)            | ENDED                                       |              |
| 4. TYPE OF REPORT (Choose One)       | (b) Monthly Report                        | Feb 20 (M2)            | May 20 (M5)          | Aug               | 20 (M8) Nov 20 (Non-Electi<br>Year Only)    | (M11)        |
| (a) Quarterly Reports:               | Due On:                                   | Mar 20 (M3)            | Jun 20 (M6)          | Sep               | 20 (M9) Dec 20<br>(Non-Electi<br>Year Only) | (M12)<br>ion |
| April 15                             |   | Apr 20 (M4)            | Jul 20 (M7)          | Oct 2             | 20 (M10) Jan 31                             | (YE)         |
| Quarterly Report  July 15            | (C) 12-Day                                | Primary                | (12P)                | General           | (12G) Runoff (                              | 12R)         |
| Quarterly Report October 15          | (Q2) Report for th                        |                        | on (12C)             | Special (         | 12S)  |              |
| Quarterly Report January 31          |   | M = M                  | / D D /              | Y   Y   Y   Y   Y | in the                                      | $\neg$       |
| Year-End Report  July 31 Mid-Year    |   | ection on              |                      |                   | State of                                    | _            |
| Report (Non-elect<br>Year Only) (MY) | ion (d) 30-Day POST-Electic Report for th |                        | (30G)                | Runoff (3         | 0R) Special                                 | (30S)        |
| Termination Repo<br>(TER)            | rt  | ection on              | / D D /              | Y Y Y             | in the<br>State of                          |              |
| 5. Covering Period                   |   | 14 through             | gh 06                | 30                | 2014  |              |
| I certify that I have examined       | this Report and to the bes                | st of my knowledge a   | nd belief it is tru  | ie, correct and   | complete.                                   |              |
| Type or Print Name of Treasur        | rer John Hollay                           |                        |                      |                   |   |              |
| Signature of Treasurer Joh           | an Hollay                                 | [Electron              | cally Filed]         | Pate 07           | / 21 / 2014                                 | Y Y          |
| NOTE: Submission of false, erro      | oneous, or incomplete inforn              | nation may subject the | person signing th    | nis Report to th  | ie penalties of 2 U.S.C. §4                 | ↓37g.        |
| Office                               |   |                        |                      |                   | FEC FORM 3X                                 |              |
| Use Only                             |   |                        |                      |                   | Rev. 12/2004                                |              |

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

### NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

| Re | port Covering the Period: From:  |                         | To: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
|----|--|-------------------------|---|
|    |  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date               |
| 6. | (a) Cash on Hand  January 1,  2014   |                         | 11595.79  |
|    | (b) Cash on Hand at Beginning of Reporting Period  | 23778.05                |   |
|    | (c) Total Receipts (from Line 19)  | 15075.00                | 35469.20  |
|    | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)         | 38853.05                | 47064.99  |
| 7. | Total Disbursements (from Line 31)   | 6100.86                 | 13312.80  |
|    | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                       | 32752.19                | 33752.19  |
|    | Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |   |
|    | Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00                    |   |
|    |  |                         |   |

For further information contact:

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

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

| Report Covering the Period: From: 06                                | 01 2014                       | To: 06 30 / 2014                  |
|---|-------------------------------|-----------------------------------|
| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
| . Contributions (other than loans) From:                            |                               |                                   |
| (a) Individuals/Persons Other                                       |                               |                                   |
| Than Political Committees   | 9775.00                       | 22097.00                          |
| (i) Itemized (use Schedule A)                                       |                               |                                   |
| (ii) Unitemized   | 300.00                        | 2872.20                           |
| (iii) TOTAL (add  |                               |                                   |
| Lines 11(a)(i) and (ii)▶  | 10075.00                      | 24969.20                          |
|   | 0.00                          | 0.00                              |
| (b) Political Party Committees                                      | 0.00                          | 0.00                              |
| (c) Other Political Committees                                      | 5000.00                       | 10500.00                          |
| (such as PACs)  | 7                             | 10000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry |                               |                                   |
| Totals to Line 33, page 5)  | 15075.00                      | 35469.20                          |
| . Transfers From Affiliated/Other                                   |                               |                                   |
| Party Committees  | 0.00                          | 0.00                              |
| _   |                               |                                   |
| All Loans Received  | 0.00                          | 0.00                              |
|   |                               |                                   |
| . Loan Repayments Received  | 0.00                          | 0.00                              |
| . Offsets To Operating Expenditures                                 |                               | 7                                 |
| (Refunds, Rebates, etc.)  |                               |                                   |
| (Carry Totals to Line 37, page 5)                                   | 0.00                          | 0.00                              |
| . Refunds of Contributions Made                                     |                               |                                   |
| to Federal Candidates and Other                                     |                               | 0.00                              |
| Political Committees  | 0.00                          | 0.00                              |
| Other Federal Receipts  | 0.00                          | 0.00                              |
| (Dividends, Interest, etc.)   | 0.00                          | 0.00                              |
| (a) Non-Federal Account   |                               |                                   |
| (from Schedule H3)  | 0.00                          | 0.00                              |
| (   | 7 7                           | , , , , ,                         |
| (b) Levin Funds (from Schedule H5)                                  | 0.00                          | 0.00                              |
| (b) Leviii i unus (iioin ochedule 115)                              | 7 7                           |                                   |
| (c) Total Transfers (add 18(a) and 18(b))                           | 0.00                          | 0.00                              |
|   |                               | 7 7 7 7                           |
| . Total Receipts (add Lines 11(d),                                  |                               |                                   |
| 12, 13, 14, 15, 16, 17, and 18(c))▶                                 | 15075.00                      | 35469.20                          |
| T. 15 1 15 1 1  |                               |                                   |
| . Total Federal Receipts  | 45075.00                      | 25,122,22                         |
| (subtract Line 18(c) from Line 19)▶                                 | 15075.00                      | 35469.20                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|----------------------------|-----------------------------------|
| . Operating Expenditures:  (a) Allocated 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   | 100.86                     | 312.80                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶                       | 100.86                     | 312.80                            |
| Transfers to Affiliated/Other Party  |                            |                                   |
| CommitteesContributions to   | 0.00                       | 0.00                              |
| Federal Candidates/Committees and Other Political Committees                             | 6000.00                    | 13000.00                          |
| Independent Expenditures   | 0.00                       | 0.00                              |
| (use Schedule E)   | 0.00                       | 0.00                              |
| (2 U.S.C. §441a(d))<br>(use Schedule F)  | 0.00                       | 0.00                              |
| Loan Repayments Made   | 0.00                       | 0.00                              |
| Loans MadeRefunds of Contributions To:   | 0.00                       | 0.00                              |
| (a) Individuals/Persons Other Than Political Committees                                  | 0.00                       | 0.00                              |
|  |                            |                                   |
| (b) Political Party Committees(c) Other Political Committees                             | 0.00                       | 0.00                              |
| (such as PACs)   | 0.00                       | 0.00                              |
| (d) Total Contribution Refunds   |                            |                                   |
| (add Lines 28(a), (b), and (c))▶   | 0.00                       | 0.00                              |
| Other Disbursements  | 0.00                       | 0.00                              |
| Federal Election Activity (2 U.S.C. §431(20))  |                            |                                   |
| (a) Allocated Federal Election Activity  |                            |                                   |
| (from Schedule H6) (i) Federal Share   | 0.00                       | 0.00                              |
| (i) i caciai chare   |                            |                                   |
| (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                              |
| Total Disbursements (add Lines 21(c), 22,  |                            |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))   | 6100.86                    | 13312.80                          |
| Total Federal Disbursements  |                            |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)  | 0100.00                    | 40040.00                          |
| from Line 31)  | 6100.86                    | 13312.80                          |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 15075.00                      | 35469.20                          |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 15075.00                      | 35469.20                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 100.86                        | 312.80                            |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 100.86                        | 312.80                            |

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

| FOR LINE     | NUMBER | : PAG | E 6 OF | 15 |
|--------------|--------|-------|--------|----|
| (check onl   | y one) |       |        |    |
| <b>X</b> 11a | 11b    | 11c   | 12     |    |
| 13           | 14     | 15    | 16     | 17 |

| or for commercial purposes, other than using  | the name and address of any political committee to | solicit contributions from such committee.  |
|---|--|---|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCE   | RS FEDERATION PAC (NMPF PAC                        | C)  |
| Full Name (Last, First, Middle Initial)  William Beeman  Mailing Address 5465 State Route 167 |  | Date of Receipt   |
| City Kingsley FEC ID number of contributing   | State Zip Code<br>PA 18826-6953                    | 06 06 2014  Transaction ID : AB369B90F45464592BEC  Amount of Each Receipt this Period |
| federal political committee.  Name of Employer  | Occupation Dairy Farmer / Nmpf Board Memb          | 500.00  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  500.00                   |   |
| Full Name (Last, First, Middle Initial)  Daniel E Senestraro  Mailing Address PO Box 746      |  | Date of Receipt  06 06 2014   |
| City<br>Johnson   | State Zip Code<br>KS 67855-0746                    | Transaction ID : A68C3762F70F94508850  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.                                    | C  | 3125.00   |
| Name of Employer Self Employed Receipt For:   | Occupation Dairy Farmer                            |   |
| Primary General Other (specify) ▼   | Aggregate Year-to-Date ▼ 3125.00                   |   |
| Full Name (Last, First, Middle Initial)  Mark Wessen  |  | Date of Receipt   |
| Mailing Address 6768 Worline Rd.  |  | 06 06 2014  |
| City<br>Bow   | State Zip Code<br>WA 98232-9633                    | Transaction ID: AA73AB024EF554170906  Amount of Each Receipt this Period              |
| FEC ID number of contributing federal political committee.                                    | C  | 400.00  |
| Name of Employer  | Occupation Dairy Farmer                            |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 400.00                    |   |
| SUBTOTAL of Receipts This Page (optional)   |  | 4025.00   |
| TOTAL This Period (last page this line numb   | per only)  |   |

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

| FOR              | PAGE |     | 7 | OF  |  | 15 |   |  |    |
|------------------|------|-----|---|-----|--|----|---|--|----|
| (check only one) |      |     |   |     |  |    |   |  |    |
| X                | 11a  | 11b |   | 11c |  | 12 |   |  |    |
|                  | 13   | 14  |   | 15  |  | 16 | , |  | 17 |

| or for commercial purposes, other than using  | the name and address of any political committee to                          | solicit contributions from such committee.  |  |  |
|---|---|---|--|--|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCE   | RS FEDERATION PAC (NMPF PAC   | C)  |  |  |
| Full Name (Last, First, Middle Initial)  Ralph McNall  Mailing Address 996 Main St        |   | Date of Receipt   |  |  |
| City Fairfax  | State Zip Code<br>VT 05454-9528   | 06 06 2014  Transaction ID : AFA1C2815CB41458FB11  Amount of Each Receipt this Period         |  |  |
| FEC ID number of contributing federal political committee.  Name of Employer              | Occupation  | 500.00  |  |  |
| Self Receipt For:  Primary  General  Other (specify) ▼                                    | Dairy Farmer  Aggregate Year-to-Date ▼  500.00                              |   |  |  |
| Full Name (Last, First, Middle Initial)  Bill Siebenborn  Mailing Address 661 NE 45th St  | Bill Siebenborn   |   |  |  |
| City Trenton  FEC ID number of contributing federal political committee.                  | State Zip Code MO 64683-8105  | 06 06 2014  Transaction ID : AC9F0E3D9D74B4CCF830  Amount of Each Receipt this Period  350.00 |  |  |
| Name of Employer Self  Receipt For:  Primary General Other (specify) ▼                    | Occupation Dairy Farmer/nmpf Board Member  Aggregate Year-to-Date ▼  350.00 |   |  |  |
| Full Name (Last, First, Middle Initial) Paul Mills Mailing Address 423 Grassland Ct  City | State Zip Code  | Date of Receipt    M = M  |  |  |
| FEC ID number of contributing federal political committee.                                | IN 46714-9277   | Amount of Each Receipt this Period 500.00   |  |  |
| Name of Employer  Self Employed  Receipt For:  Primary General  Other (specify) ▼         | Occupation Dairy Farmer  Aggregate Year-to-Date ▼  500.00                   |   |  |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 1350.00   |  |  |
| TOTAL This Period (last page this line numb   | ner only)   |   |  |  |

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

| FOR LINE NUMBER: |     |  |     |  | PAGE | 8  | OF | 15 |  |
|------------------|-----|--|-----|--|------|----|----|----|--|
| (che             |     |  |     |  |      |    |    |    |  |
| X                | 11a |  | 11b |  | 11c  | 12 |    |    |  |
|                  | 13  |  | 14  |  | 15   | 16 |    | 17 |  |

| or for commercial purposes, other than using  | the name and address of any political committee to | solicit contributions from such committee.                                |
|---|--|---|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCE   | ERS FEDERATION PAC (NMPF PAG                       | C)  |
| Full Name (Last, First, Middle Initial)  George Rohrer  A: iiiar Address 0510 Charlet III R. I. |  | Date of Receipt   |
| Mailing Address 2548 Shoreshill Rd  |  | 06 06 2014  |
| City<br>Dayton  | State Zip Code<br>VA 22821-2233                    | Transaction ID : A23F31F1E905B4A2D90F  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                                      | C  | 350.00  |
| Name of Employer  | Occupation   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  850.00                   |   |
| Full Name (Last, First, Middle Initial)  Keith Murfield   | <u> </u>   | Date of Receipt   |
| Mailing Address PO Box 26877  |  | 06 06 2014 _  |
| City<br>Tempe   | State Zip Code AZ 85285-6877                       | Transaction ID : AAA4145A760C94C208BI Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C  | 350.00  |
| Name of Employer<br>Uda   | Occupation   |   |
| Receipt For:  | Coop Executive  Aggregate Year-to-Date ▼           |   |
| Primary General Other (specify) ▼   | 350.00   |   |
| Full Name (Last, First, Middle Initial)  C. Patrick Schroeder                                   |  | Date of Receipt   |
| Mailing Address 3495 Hypoint Rd.  |  | 06 06 2014  |
| City<br>Lancaster   | State Zip Code<br>WI 53813                         | Transaction ID : AEA15BFB6655A467DAE  Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.                                      | C  | 350.00  |
| Name of Employer  | Occupation  Dairy Farmer / Nmpf Board Memb         |   |
| Receipt For:  | Aggregate Year-to-Date ▼                           |   |
| Primary General  Other (specify) ▼  | 350.00   |   |
| SUBTOTAL of Receipts This Page (optional  | I)   | 1050.00   |
| TOTAL This Period (last page this line num  | ber only)  |   |

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

| FOR LINE NUMBER: |        |     |  |     | PAGE | 9   | OF | 15 |    |
|------------------|--------|-----|--|-----|------|-----|----|----|----|
|                  | (checl |     |  |     |      |     |    |    |    |
|                  | X      | 11a |  | 11b |      | 11c | 12 |    |    |
|                  | 1      | 13  |  | 14  |      | 15  | 16 |    | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using th  | e name and address of any political committee to | solicit contributions from such committee.                                |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCER   | S FEDERATION PAC (NMPF PAC                       | C)  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  David Fuhrmann  Mailing Address S1082 W Redstone Dr |  | Date of Receipt   |  |  |  |  |  |
|  |  | 06 06 2014  |  |  |  |  |  |
| City   | State Zip Code                                   | Transaction ID : A2DAC9508EE7B4D13AE8                                     |  |  |  |  |  |
| La Valle   | WI 53941-9296                                    | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С  | 500.00  |  |  |  |  |  |
| Name of Employer   | Occupation                                       | 1   |  |  |  |  |  |
| Foremost Farms   | Coop Exec-nmpf Board Member                      |   |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                         |   |  |  |  |  |  |
| Primary General Other (specify) ▼  | 500.00   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  Richard Smith                                       |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 10220 N Ambassador Dr  |  |   |  |  |  |  |  |
| City   | State Zip Code                                   | Transaction ID : ACC7D6352FF0C4B5ABA                                      |  |  |  |  |  |
| Kansas City  | MO 64153-1367                                    | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С  | 1500.00   |  |  |  |  |  |
| Name of Employer   | Occupation                                       |   |  |  |  |  |  |
| Dairy Farmers Of America   | Сео  |   |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1500.00                 |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  C. Cornell Kasbergen                                |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address 21744 Road 152   |  | 06 06 2014  |  |  |  |  |  |
| City<br>Tulare   | State Zip Code<br>CA 93274-9024                  | Transaction ID : A78E01A8357A04A6D842  Amount of Each Receipt this Period |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                                   | С  | 1000.00   |  |  |  |  |  |
| Name of Employer   | Occupation                                       |   |  |  |  |  |  |
| Dairy Farmer   | Nmpf Board Member                                |   |  |  |  |  |  |
| Receipt For:   | Aggregate Year-to-Date ▼                         |   |  |  |  |  |  |
| Primary General Other (specify) ▼  | 1000.00  |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  |  | 3000.00   |  |  |  |  |  |
| TOTAL This Period (last page this line number  | <u>r</u>   |   |  |  |  |  |  |

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

| 1 | _    | LINE    | _  |     | PAGE | <br>10 | OF | 15 |    |
|---|------|---------|----|-----|------|--------|----|----|----|
|   | (che | ck only | or | ne) |      |        |    |    |    |
|   | ×    | 11a     |    | 11b |      | 11c    | 12 |    |    |
|   |      | 13      |    | 14  |      | 15     | 16 |    | 17 |

| or for commercial purposes, other than using   | the name and address of any political committee to | solicit contributions from such committee.  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCE                                      | RS FEDERATION PAC (NMPF PAC                        | C)  |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  A. Doug Nuttelman  Mailing Address PO Box 413 | Doug Nuttelman                                     |   |  |  |  |  |  |
| City<br>Stromsburg   | State Zip Code  NE 68666-0413                      | 06 06 2014  Transaction ID : AF837F46D183F4272858  Amount of Each Pagaint this Pariod |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | C  | Amount of Each Receipt this Period  350.00  |  |  |  |  |  |
| Name of Employer Self  | Occupation Dairy Farmer                            |   |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼  850.00                   |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  3. Mailing Address                            |  | Date of Receipt   |  |  |  |  |  |
| City   | Amount of Each Receipt this Period                 |   |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | С  | Amount of Lacif necept this renot   |  |  |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼                           |   |  |  |  |  |  |
| Full Name (Last, First, Middle Initial)  |  | Date of Receipt   |  |  |  |  |  |
| Mailing Address  | State 7:- O-1:                                     | M = M / D = D / Y = Y = Y   |  |  |  |  |  |
| City   | State Zip Code                                     | Amount of Each Receipt this Period  |  |  |  |  |  |
| FEC ID number of contributing federal political committee.                             | C  |   |  |  |  |  |  |
| Name of Employer   | Occupation   |   |  |  |  |  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼                           |   |  |  |  |  |  |
| SUBTOTAL of Receipts This Page (optional)  | <b>&gt;</b>  | 350.00  |  |  |  |  |  |
| TOTAL This Period (last page this line numb  | per only)  | 9775.00   |  |  |  |  |  |

|   | FC  | R LINE   | NU    | MBER | : | PAGE | _ ′ | 11 OI | = | 15 |
|---|-----|----------|-------|------|---|------|-----|-------|---|----|
| Use separate schedule(s) for each category of the | (ch | eck only | or or | ne)  |   |      |     |       |   |    |
| Detailed Summary Page                             |     | 11a      |       | 11b  | × | 11c  |     | 12    |   |    |
|   |     | 13       |       | 14   |   | 15   |     | 16    |   | 17 |

| Any information copied from such Reports and or for commercial purposes, other than using the                      | Statements may not be sold or used by any persone name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
|--|--|---|
| NAME OF COMMITTEE (In Full) NATIONAL MILK PRODUCER   | S FEDERATION PAC (NMPF PAC   | C)  |
| Full Name (Last, First, Middle Initial)  A. Dairy Farmers Of America Inc Department Mailing Address P O BOX 909700 | c (dair  | Date of Receipt   |
| City   | Ctoto 7th Code   | 06 26 2014  |
| City<br>KANSAS CITY  | State Zip Code<br>MO 64190   | Transaction ID : AD885C129FECD4EE3B27   |
| -  |  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C C00001388  | 5000.00   |
| Name of Employer   | Occupation   |   |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼  | 5000.00  |   |
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| Mailing Address  |  | M = M / D = D / Y = Y = Y   |
| City   | State Zip Code   | Amount of Each Receipt this Period  |
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| Name of Employer   | Occupation   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼   |   |
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| City   | State Zip Code   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | Amount of Lacri necespt this Period   |
| Name of Employer   | Occupation   |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼   |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 5000.00   |
| TOTAL This Period (last page this line number  | r only)  | 5000.00   |

### S 17

| SCHEDULE B (FEC Form 3X) |  |                    |                            |               |            | 1 1815 |         |                                  | <u> </u> |         |          | PΛ       | GF       | 12       | OF.      | 15   |
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|                          | Lies concrete cohodule(s)                          |                    |                            |               |            |        |         | INE NUMBER: PAGE 12 OI only one) |          |         |          |          |          |          |          |      |
| 11                       | LIVIIZED DISBURSEIVIEN IS                          |                    | category of the            | '             |            | 21b    | ٠.      | 22                               | Г        | 23      |          | 24       |          | 25       |          | 7 26 |
|                          |  | Detailed           | Summary Page               |               | ·          | 27     | +       | 28a                              | $\vdash$ | 28b     | $\vdash$ | 28c      | $\vdash$ | 29       | $\vdash$ | 30b  |
| ۸.                       | ly information copied from such Reports and Staten | nente movi         | not he sold or us          | end by        | 200        | / por  | cor     | for the                          | 2 0111   | rnoso   | of c     | olicitio |          | ntrib    | ıtion/   |      |
|                          | for commercial purposes, other than using the nam  |                    |                            |               |            |        |         |                                  |          |         |          |          |          |          |          | >    |
| $\vdash$                 | NAME OF COMMITTEE (In Full)                        |                    | , ,                        |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
| $  \rangle$              | NATIONAL MILK PRODUCERS FE                         | EDEBV.             | TION DAC                   | /NIN/IE       | ) <b>–</b> | ЬΛ     | $C^{1}$ | ١                                |          |         |          |          |          |          |          |      |
| /                        | NATIONAL WILK PRODUCERS I                          | LDLINA             | TION FAC                   | (1 AIVIE      | 1          |        | U,      | )                                |          |         |          |          |          |          |          |      |
| _                        | Full Name (Last, First, Middle Initial)            |                    |                            |               |            |        | Τ       |                                  |          |         |          |          |          |          |          |      |
| A.                       | SunTrust Bank                                      |                    |                            |               |            |        |         | Date                             | of Di    | isburse | eme      | ent      |          |          |          |      |
|                          |  |                    |                            |               |            |        |         | M                                | M /      | D       | D        | / Y      | Y        | Y        | Υ        |      |
|                          | Mailing Address PO Box 622227                      |                    |                            |               |            |        |         | 06                               |          | C       | )2       |          | _20      | 014      |          |      |
|                          |  |                    |                            |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          | ,  | State              | Zip Code                   |               |            |        |         | Tran                             | sact     | ion ID  | ) - F    | 38B6B    | Δ35C     | D76      | 2439     | C911 |
|                          | Orlando  | FL                 | 32862-2227                 |               |            |        |         | · · · · ·                        | Juo      |         |          |          | 1000     | ,,,,,    | ,,,,,    | 00   |
|                          | Purpose of Disbursement                            |                    |                            |               |            |        |         | A                                |          |         | Б.       |          |          |          | Б        | 1    |
|                          | Condidate Name                                     |                    |                            |               |            |        |         | Amou                             | nt of    | Each    | Dis      | sburser  | nent     | this     | Perio    | od   |
|                          | Candidate Name                                     |                    |                            | Cat           |            |        |         | Г.                               |          |         |          |          |          | 1        | 4.28     |      |
|                          | Office Cought: House Dishurses                     | F                  |                            | I             | ype        |        | 4       |                                  |          | 7       |          | - 7      | _        |          |          |      |
|                          | Office Sought: House Disbursen Senate              |                    | Camaral                    |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          |  | Primary Other (spe | General                    |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          | State: District:                                   | Other (spe         | City) $\blacktriangledown$ |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
| _                        | Full Name (Last, First, Middle Initial)            |                    |                            |               |            |        | +       |                                  |          |         |          |          |          |          |          |      |
| R                        | SunTrust Bank                                      |                    |                            |               |            |        |         | Date                             | of Di    | isburse | eme      | ent      |          |          |          |      |
| ٠.                       | Sufffust ballk                                     |                    |                            |               |            |        |         |                                  |          |         |          |          |          | ■ Y      |          |      |
|                          | Mailing Address PO Box 622227                      |                    |                            |               |            |        | ┨       | M 06                             |          |         | 09       | / Y      |          | 014      | Y        |      |
|                          | Walling Address FO Box 022227                      |                    |                            |               |            |        |         | 00                               |          |         | ,0       |          |          | 014      | -        |      |
|                          | City   | State              | Zip Code                   |               |            |        |         | <b>T</b>                         |          | 15      |          | 25470    | 445-     | 7.4.4.00 | 4500     |      |
|                          | Orlando  | FL                 | 32862-2227                 |               |            |        |         | ırar                             | ısac     | tion IL | ) : E    | BE17C    | 11E/     | 4128     | 4522     | 2BD1 |
|                          | Purpose of Disbursement                            |                    |                            |               | _          | =      |         |                                  |          |         |          |          |          |          |          |      |
|                          |  |                    |                            | Ι.            |            |        |         | Amou                             | nt of    | Each    | Dis      | sburser  | nent     | this     | Perio    | bc   |
|                          | Candidate Name                                     |                    |                            | Cat           | egoi       | ry/    |         | _                                |          |         |          |          |          | 1        | 1.63     | П    |
|                          |  |                    |                            | Т             | ype        |        |         |                                  |          | 7       |          | - 7      | _        |          | 1.03     |      |
|                          | Office Sought: House Disbursen                     |                    |                            |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          |  | Primary            | General                    |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          |  | Other (spe         | cify) 🔻                    |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
| _                        | State: District:                                   |                    |                            |               |            |        | +       |                                  |          |         |          |          |          |          |          |      |
| _                        | Full Name (Last, First, Middle Initial)            |                    |                            |               |            |        |         | D - 1 -                          | - ( D    |         |          |          |          |          |          |      |
| C.                       | SunTrust Bank                                      |                    |                            |               |            |        |         | Date                             | ט זט     | isburse | ∍me      | ent<br>  |          |          |          |      |
|                          | Moiling Address DO Day 000007                      |                    |                            |               |            |        | +       | 06                               |          |         | 10       | / Y      |          | 014      | Υ        |      |
|                          | Mailing Address PO Box 622227                      |                    |                            |               |            |        |         | UO                               |          |         | U        | -        | 2(       | J 14     | -        |      |
|                          | City 5   | State              | Zip Code                   |               |            |        | +       |                                  |          |         |          |          |          |          |          |      |
|                          | Orlando  | FL                 | 32862-2227                 |               |            |        |         | Trar                             | isac     | tion ID | ) : B    | 37F788   | C5B      | 3C201    | 406      | 68D6 |
|                          | Purpose of Disbursement                            |                    |                            | $\overline{}$ |            | _      | 1       |                                  |          |         |          |          |          |          |          |      |
|                          |  |                    |                            | Ι.            |            |        |         | Amou                             | nt of    | Each    | Dis      | sburser  | nent     | this     | Perio    | od   |
|                          | Candidate Name                                     |                    |                            | Cat           | eaoi       | rv/    |         |                                  | -        | -       | _        | -        | _        | -        |          |      |
|                          |  | Catego<br>Type     |                            |               |            |        |         |                                  |          | 7       |          |          |          |          | 9.95     |      |
|                          | Office Sought: House Disbursen                     | nent For:          |                            |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          |  | Primary            | General                    |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
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| _                        | State: District:                                   |                    |                            |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
|                          |  |                    |                            |               |            |        |         |                                  | _        | -       | _        |          | _        |          | - 00     |      |
| 8                        | UBTOTAL of Disbursements This Page (optional)      |                    |                            |               |            | •      |         |                                  |          | 7       |          | ,        |          | 6        | 5.86     |      |
|                          |  |                    |                            |               |            |        |         |                                  |          |         |          |          |          |          |          |      |
| T                        | OTAL This Period (last page this line number only) |                    |                            |               |            |        |         |                                  |          | (B) -   |          | 1 (8)    |          |          |          |      |

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| S        | CHEDULE B (FEC Form 3X)                            |                               | F05 :                | NUMBER: PAGE 13 OF 15  |  |  |  |  |  |  |  |  |
|----------|--|-------------------------------|----------------------|--|--|--|--|--|--|--|--|--|
|          |  | Use separate schedule(s)      | FOR LINE             | NOMBELL.   |  |  |  |  |  |  |  |  |
| П        | EMIZED DISBURSEMENTS                               | for each category of the      | (check only          | 22 23 24 25 26   |  |  |  |  |  |  |  |  |
|          |  | Detailed Summary Page         | 27                   | 28a 28b 28c 29 30b   |  |  |  |  |  |  |  |  |
| _        |  |                               |                      |  |  |  |  |  |  |  |  |  |
|          | ny information copied from such Reports and Statem |                               |                      |  |  |  |  |  |  |  |  |  |
| or       | for commercial purposes, other than using the name | ie and address of any politic | cai committee to     | SOIICH CONTIDUTIONS FOR SUCH COMMITTEE.  |  |  |  |  |  |  |  |  |
|          | NAME OF COMMITTEE (In Full)                        |                               | NINARE - : -         |  |  |  |  |  |  |  |  |  |
| /        | NATIONAL MILK PRODUCERS FE                         | EDERATION PAC (               | NMPF PAC             | <i>5</i> )   |  |  |  |  |  |  |  |  |
| $\angle$ | Full Name (Last, First, Middle Initial)            |                               | -                    |  |  |  |  |  |  |  |  |  |
| ٨        | ,  |                               | Date of Disbursement |  |  |  |  |  |  |  |  |  |
| Λ.       | SunTrust Bank                                      |                               |                      |  |  |  |  |  |  |  |  |  |
|          | Mailing Address PO Box 622227                      |                               |                      | 06 20 2014   |  |  |  |  |  |  |  |  |
|          | Walling Address FO Box 022227                      |                               |                      | 20 2014  |  |  |  |  |  |  |  |  |
|          | City   | State Zip Code                |                      |  |  |  |  |  |  |  |  |  |
|          | Orlando  | FL 32862-2227                 |                      | Transaction ID : BC4106119781D48A09C8  |  |  |  |  |  |  |  |  |
|          | Purpose of Disbursement                            |                               |                      |  |  |  |  |  |  |  |  |  |
|          |  |                               | 1 11                 | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |  |
|          | Candidate Name                                     |                               | Category/            |  |  |  |  |  |  |  |  |  |
|          |  |                               | Type                 | 35.00  |  |  |  |  |  |  |  |  |
|          | Office Sought: House Disbursen                     | nent For:                     |                      | · · · · · ·  |  |  |  |  |  |  |  |  |
|          | Senate   | Primary General               |                      |  |  |  |  |  |  |  |  |  |
|          | President  | Other (specify) ▼             |                      |  |  |  |  |  |  |  |  |  |
|          | State: District:                                   | •                             |                      |  |  |  |  |  |  |  |  |  |
|          | Full Name (Last, First, Middle Initial)            |                               |                      |  |  |  |  |  |  |  |  |  |
| В.       |  |                               |                      | Date of Disbursement   |  |  |  |  |  |  |  |  |
|          |  |                               | M M / D D / Y Y Y Y  |  |  |  |  |  |  |  |  |  |
|          | Mailing Address                                    |                               |                      |  |  |  |  |  |  |  |  |  |
|          |  |                               |                      |  |  |  |  |  |  |  |  |  |
|          | City   | State Zip Code                |                      |  |  |  |  |  |  |  |  |  |
|          |  |                               |                      |  |  |  |  |  |  |  |  |  |
|          | Purpose of Disbursement                            |                               |                      |  |  |  |  |  |  |  |  |  |
|          | Condidate Name                                     |                               |                      | Amount of Each Disbursement this Period  |  |  |  |  |  |  |  |  |
|          | Candidate Name                                     |                               | Category/            |  |  |  |  |  |  |  |  |  |
|          | Office Cought.                                     |                               | Туре                 |  |  |  |  |  |  |  |  |  |
|          | Office Sought: House Disbursen                     |                               |                      |  |  |  |  |  |  |  |  |  |
|          |  | Primary General               |                      |  |  |  |  |  |  |  |  |  |
|          |  | Other (specify) ▼             |                      |  |  |  |  |  |  |  |  |  |
| _        |  |                               |                      |  |  |  |  |  |  |  |  |  |
| _        | Full Name (Last, First, Middle Initial)            |                               |                      | Data of Diahuwa  |  |  |  |  |  |  |  |  |
| C.       |  |                               |                      | Date of Disbursement   |  |  |  |  |  |  |  |  |
|          | Matter Address                                     |                               |                      | M M / D D / Y Y Y Y  |  |  |  |  |  |  |  |  |
|          | Mailing Address                                    |                               |                      |  |  |  |  |  |  |  |  |  |
|          | City   | State Zip Code                |                      |  |  |  |  |  |  |  |  |  |
|          | Only Control                                       | 7.000 ZIP 0006                |                      |  |  |  |  |  |  |  |  |  |
|          | Purpose of Disbursement                            |                               |                      |  |  |  |  |  |  |  |  |  |
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|          | Candidate Name                                     |                               | Category/            | The same of the sa |  |  |  |  |  |  |  |  |
|          |  | Type                          |                      |  |  |  |  |  |  |  |  |  |
|          | Office Sought: House Disbursen                     |                               |                      |  |  |  |  |  |  |  |  |  |
|          | Senate   | Primary General               |                      |  |  |  |  |  |  |  |  |  |
|          | President  | Other (specify) ▼             |                      |  |  |  |  |  |  |  |  |  |
|          | State: District:                                   | •                             |                      |  |  |  |  |  |  |  |  |  |
| Г        | <u> </u>   |                               | l                    |  |  |  |  |  |  |  |  |  |
| s        | SUBTOTAL of Disbursements This Page (optional)     |                               |                      | 35.00  |  |  |  |  |  |  |  |  |
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| SCHEDULE B (FEC For                    | m 3X)            |             |                    | <u> </u> | OF :         | INIT             | LIMBES  |         |        |            | AGE    | 14 (     | OF 15     |
|--|------------------|-------------|--------------------|----------|--------------|------------------|---------|---------|--------|------------|--------|----------|-----------|
| ITEMIZED DISBURSEME                    | _                | Use se      | parate schedule(s) | \ I      | _            | INE N.<br>only o | UMBER   | :       |        | L          | AGE    | -14 (    | נו הכ     |
| IIEMIZED DISBUKSEME                    | 1419             | for each    | n category of the  | "        |              | 21b [            | 22      | X       | 23     | 24         |        | 25       | <u>26</u> |
|  |                  | Detailed    | d Summary Page     |          | H            | 27               | 28a     |         | 28b    | 280        |        | 29       | 30        |
| Any information copied from such Re    | norte and Stater | mente may   | not he sold or u   | sed by   | anv          | nersor           | for the | nurn    | 080 0  | of solicit | ing co | ntribu   | tions     |
| or for commercial purposes, other that |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| NAME OF COMMITTEE (In Full)            |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| NATIONAL MILK PROD                     | UCERS E          | EDER#       | TION PAC           | (NIME    | of F         | DAC.             | ١       |         |        |            |        |          |           |
|  | OCLINO           |             | (110111710         | (1 41411 |              | <i>i</i> (0)     | ,       |         |        |            |        |          |           |
| Full Name (Last, First, Middle Initia  | al)              |             |                    |          |              |                  |         |         |        |            |        |          |           |
| A. SEAN PATRICK MALO                   | NEY FOR          | CONG        | RESS               |          |              |                  | Date o  | f Disk  | ourser | ment       |        |          |           |
|  |                  |             |                    |          |              |                  | M = M   | /       | D      | D /        | Y      | Υ        | Υ         |
| Mailing Address 18 W MAIN ST           |                  |             |                    |          |              |                  | 06      |         | 23     | 3          | 20     | 014      |           |
| C:h.                                   |                  | 01-1-       | 7:- O-d-           |          |              |                  |         |         |        |            |        |          |           |
| City<br>BEACON                         | ,                | State<br>NY | Zip Code<br>12508  |          |              |                  | Trans   | sactio  | n ID   | : B9BF     | 18898  | 5EC0     | 40B391    |
| Purpose of Disbursement                |                  | 141         | 12306              |          |              | _                |         |         |        |            |        |          |           |
| . a.pece c. 2.coa.comem                |                  |             |                    |          |              |                  | Amoun   | t of E  | Each ! | Disburs    | ement  | t this ! | Period    |
| Candidate Name                         |                  |             |                    | 0.4      |              | .,               |         |         |        |            |        |          |           |
| Rep. Sean P. Maloney                   |                  |             |                    |          | egory<br>ype | "                |         |         |        |            |        | 1000     | 0.00      |
| Office Sought:                         | Disburser        | ment For:   | 2014               |          | 71           |                  |         | ,       |        | ,          |        |          |           |
| Senate                                 | $\times$         | Primary     | General            |          |              |                  |         |         |        |            |        |          |           |
| President                              |                  | Other (sp   | ecify) 🔻           |          |              |                  |         |         |        |            |        |          |           |
| State: NY District: 18                 |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| Full Name (Last, First, Middle Initia  | al)              |             |                    |          |              |                  |         |         |        |            |        |          |           |
| B. DELBENE FOR CONG                    | RESS             |             |                    |          |              |                  | Date o  | f Disk  | ourser | ment       |        |          |           |
|  |                  |             |                    |          |              |                  | M = M   | /       | D      | D /        | YY     | Υ        | Y         |
| Mailing Address PO BOX 487             |                  |             |                    |          |              |                  | 06      |         | 26     | ŝ          | 2      | 014      |           |
|  |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| City                                   | ,                | State       | Zip Code           |          |              |                  | Trans   | sactio  | on ID  | : B8680    | C27C(  | CBDB     | 048F890   |
| BOTHELL Purpose of Disbursement        |                  | WA          | 98041              |          |              |                  |         |         |        |            |        |          |           |
|  |                  |             |                    | П.       |              |                  | Amoun   | t of E  | Each ! | Disburs    | ement  | t this ! | Period    |
| Candidate Name                         |                  |             |                    | Cot      | ogon         | ./               |         |         | _      |            | _      | -        |           |
| Rep. Suzan K. DelBene                  |                  |             |                    |          | egory<br>ype | "                |         |         |        |            |        | 1000     | 0.00      |
| Office Sought:  House                  |                  | ment For:   | 2014               |          |              |                  |         |         |        |            |        |          |           |
| Senate                                 | $\times$         | Primary     | General            |          |              |                  |         |         |        |            |        |          |           |
| President                              |                  | Other (sp   | ecify) 🔻           |          |              |                  |         |         |        |            |        |          |           |
| State: WA District: 01                 |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| Full Name (Last, First, Middle Initia  | al)              |             |                    |          |              |                  |         |         |        |            |        |          |           |
| C. PAT ROBERTS FOR U                   | S SENATE         | INC         |                    |          |              |                  | Date o  | of Disk | ourser | ment       |        |          |           |
|  |                  |             |                    |          |              |                  | M M     | /       | D      |            |        | Υ        | Υ         |
| Mailing Address PO BOX 433             |                  |             |                    |          |              |                  | 06      |         | 25     | 5          | 20     | 014      |           |
| City                                   |                  | State       | Zip Code           |          |              |                  |         |         |        |            |        |          |           |
| City<br>GREAT BEND                     | ,                | KS          | 67530              |          |              |                  | Trans   | sactio  | on ID  | : B1756    | 3D9E5  | 94A2     | 4B97823   |
| Purpose of Disbursement                |                  |             | 0.000              |          |              |                  |         |         |        |            |        |          |           |
|  |                  |             |                    | 1.       |              |                  | Amoun   | nt of F | ach !  | Disburs    | ement  | t this t | Period    |
| Candidate Name                         |                  |             |                    | Cat      | egory        | //               |         |         |        |            |        |          |           |
| Sen. Pat Roberts                       |                  |             |                    |          | ype          | ´                |         |         |        | 1 0        |        | 1000     | 0.00      |
| Office Sought: House                   | Disburser        | ment For:   | 2014               |          |              |                  |         |         |        |            |        |          |           |
| Senate                                 |                  | Primary     | General            |          |              |                  |         |         |        |            |        |          |           |
| President                              |                  | Other (sp   | ecify) 🔻           |          |              |                  |         |         |        |            |        |          |           |
| State: KS District:                    |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
|  |                  |             |                    |          |              |                  |         |         | _      |            | _      | 2000     | 00        |
| SUBTOTAL of Disbursements This F       | Page (optional)  |             |                    |          |              | <b>•</b>         |         |         |        |            |        | 3000     | .00       |
|  |                  |             |                    |          |              |                  |         |         |        |            |        |          |           |
| TOTAL This Period (last page this line | ne number only)  | )           |                    |          |              |                  |         |         |        | - 40       |        |          |           |

| SCHEDULE B (FEC Form 3X)   | Han anneath ask to                             | FOR LINE          |                        | PAGE 15 OF 15             |
|--|--|-------------------|------------------------|---------------------------|
| ITEMIZED DISBURSEMENTS   | Use separate schedule for each category of the | he   (oncor only  | '                      |                           |
|  | Detailed Summary Pag                           |                   | 22 X 23 28a 28b        | 24 25 26<br>28c 29 30b    |
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| NAME OF COMMITTEE (In Full)  | , , ,  |                   |                        |                           |
| NATIONAL MILK PRODUCERS F  | EDERATION PAG                                  | C (NMPF PAG       | C)                     |                           |
| /  |  |                   | <del>-</del> ,         |                           |
| Full Name (Last, First, Middle Initial)  |  |                   |                        |                           |
| A. Billy Long for Congress   |  |                   | Date of Disburseme     | ent                       |
| Mailing Address 1675-F E Seminole  |  |                   | 06 03                  | 2014                      |
| Maining Address 1075-F L Seminole  |  |                   | 00 03                  | 2014                      |
| City   | State Zip Code                                 |                   | Troppostion ID . I     | DCD00000740004050400      |
| Springfield  | MO 65804-2454                                  | 4                 | I ransaction iD : i    | B6D292C3713924050A39      |
| Purpose of Disbursement  |  |                   | Amount of Foot D       | alassas and Alais Desiral |
| Candidate Name   |  |                   | Amount of Each Di      | sbursement this Period    |
| Rep. Billy Long  |  | Category/<br>Type |                        | 2000.00                   |
| _ :  | ment For: 2014                                 | Туре              |                        |                           |
|  | Primary Genera                                 | al                |                        |                           |
| President  | Other (specify) ▼                              |                   |                        |                           |
| State: MO District: 07   |  |                   |                        |                           |
| Full Name (Last, First, Middle Initial)  |  |                   |                        |                           |
| B. COURTNEY FOR CONGRESS   |  |                   | Date of Disburseme     | ent                       |
| M. W. A.I.I.   |  |                   | M = M / D = D          | /                         |
| Mailing Address 38 Risley Road   |  |                   | 06 17                  | 2014                      |
| City   | State Zip Code                                 |                   |                        |                           |
| Vernon   | CT 06066                                       |                   | Transaction ID : I     | BBD6BC69F876D40B3949      |
| Purpose of Disbursement  |  |                   |                        |                           |
| Candidate Name   |  |                   | Amount of Each Di      | sbursement this Period    |
| Rep. Joe Courtney  |  | Category/         |                        | 1000.00                   |
| •  | ment For: 2014                                 | Туре              |                        |                           |
| Senate   | Primary Senera                                 | al                |                        |                           |
| President  | Other (specify) ▼                              |                   |                        |                           |
| State: CT District: 02   | ·  |                   |                        |                           |
| Full Name (Last, First, Middle Initial)  |  |                   |                        |                           |
| C.   |  |                   | Date of Disburseme     | ent                       |
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| Mailing Address  |  |                   |                        | -                         |
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| Candidate Name   | Category/                                      |                   |                        |                           |
| Office Sought: House Disburser   | Туре   |                   | 7                      |                           |
| Senate Disburser   | Primary Genera                                 | al                |                        |                           |
| President  | Other (specify)                                |                   |                        |                           |
| State: District:   | · · · · · · · · · · · · · · · · · · ·          |                   |                        |                           |
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