

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

ADDRESS (number and street) 2101 WILSON BOULEVARD SUITE 400

Check if different than previously reported. (ACC) Arlington VA 22201

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00325324 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 Year-End 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 (12S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y Y Y

04 / 01 / 2015 through 04 / 30 / 2015

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 John Hollay

Signature of Treasurer John Hollay [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y

10 / 23 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="34809.64"/>	<input type="text" value="34809.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33326.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1243.26"/>	<input type="text" value="24444.20"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="34569.38"/>	<input type="text" value="59253.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36.90"/>	<input type="text" value="24721.36"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34532.48"/>	<input type="text" value="34532.48"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

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).....	1053.00	12293.00
(ii) Unitemized .....	190.26	2151.20
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1243.26	14444.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1243.26	24444.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (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))..... ▶	1243.26	24444.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1243.26	24444.20

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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 .....	36.90	221.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36.90	221.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	24500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	36.90	24721.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36.90	24721.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	1243.26	24444.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1243.26	24444.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	36.90	221.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	36.90	221.36

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

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

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)  
 11a     11b     11c     12  
 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 the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

**A. Peter Vitaliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6303 North 28th St  
 City Arlington State VA Zip Code 22207-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : AF838C2B3DDDF4338B64**  
 Amount of Each Receipt this Period  
 65.00

**B. Peter Vitaliano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6303 North 28th St  
 City Arlington State VA Zip Code 22207-1111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 585.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A24C2258A310A47A4B68**  
 Amount of Each Receipt this Period  
 65.00

**C. John Hollay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1021 N. Garfield #222  
 City Arlington State VA Zip Code 22201-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A2BEAF2ABD8504D4994E**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

**A. John Hollay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1021 N. Garfield #222  
 City Arlington State VA Zip Code 22201-2555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 04 / 15 / 2015  
**Transaction ID : A832F5F18B3AF4525ABE**  
 Amount of Each Receipt this Period 40.00

**B. Jamie S. Jonker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1712 Corcoran Street Nw Apt. 1 Apt 1  
 City Washington State DC Zip Code 20009-2415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 15 / 2015  
**Transaction ID : AFDCB7BB8980140DCA61**  
 Amount of Each Receipt this Period 50.00

**c. Jamie S. Jonker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1712 Corcoran Street Nw Apt. 1 Apt 1  
 City Washington State DC Zip Code 20009-2415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 15 / 2015  
**Transaction ID : AD9B5CE8C4ADD4A2FA52**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

**A. Tom M Balmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Cloverway Drive  
 City Alexandria State VA Zip Code 22314-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A98EA6712F2AB4AD599F**  
 Amount of Each Receipt this Period  
 83.00

**B. Tom M Balmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 310 Cloverway Drive  
 City Alexandria State VA Zip Code 22314-4841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : AEF53DEAA00364B34890**  
 Amount of Each Receipt this Period  
 83.00

**c. Christopher W. Galen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3903 Shelley Lane  
 City Annandale State VA Zip Code 22003-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A8C766C6F674B4C08BB3**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	196.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

**A. Christopher W. Galen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3903 Shelley Lane  
 City Annandale State VA Zip Code 22003-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : AAAB69889833E4B3CAD4**  
 Amount of Each Receipt this Period  
 30.00

**B. Jim Mulhern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 Inverness Ridge Rd.  
 City Potomac State MD Zip Code 20854-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A5D34BCE631DD451097B**  
 Amount of Each Receipt this Period  
 83.00

**C. Jim Mulhern**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 Inverness Ridge Rd.  
 City Potomac State MD Zip Code 20854-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Milk Producers Federation Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 747.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2015  
**Transaction ID : A497B2A821C884E4AAD8**  
 Amount of Each Receipt this Period  
 83.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	196.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

Full Name (Last, First, Middle Initial) <b>A. Jim Mulhern</b>		Date of Receipt
Mailing Address 8000 Inverness Ridge Rd.		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Potomac	MD	20854-4011
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A91E73C2F5D95436CAEE</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Milk Producers Federation	Chief Operating Officer	<input type="text" value="83.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="830.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Christopher W. Galen</b>		Date of Receipt
Mailing Address 3903 Shelley Lane		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Annandale	VA	22003-2234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFD17CC9A1871461E8A6</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Milk Producers Federation	Senior Vice President	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Tom M Balmer</b>		Date of Receipt
Mailing Address 310 Cloverway Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Alexandria	VA	22314-4841
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A294D4EACC3484F339D2</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
National Milk Producers Federation	Executive Vice President	<input type="text" value="83.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="830.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="196.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 11 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)**

**A. Jamie S. Jonker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1712 Corcoran Street Nw Apt. 1  
Apt 1

City Washington State DC Zip Code 20009-2415

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

Name of Employer National Milk Producers Federation Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : AD29238978FE54CD6894**

Amount of Each Receipt this Period  
50.00

**B. John Hollay**  
Full Name (Last, First, Middle Initial)

Mailing Address 1021 N. Garfield #222

City Arlington State VA Zip Code 22201-2555

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

Name of Employer National Milk Producers Federation Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : AC430D45DB20F43A7A15**

Amount of Each Receipt this Period  
40.00

**C. Peter Vitaliano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6303 North 28th St

City Arlington State VA Zip Code 22207-1111

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

Name of Employer National Milk Producers Federation Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 30 / 2015

**Transaction ID : A6B0336BE6C9441128E6**

Amount of Each Receipt this Period  
65.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1053.00

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

Full Name (Last, First, Middle Initial)

**A. SunTrust Bank**

Mailing Address PO Box 62227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 10 / 2015

**Transaction ID : BD9701DE6D11E458C94F**

Amount of Each Disbursement this Period

29.90

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

29.90

29.90