

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

PRAIRIELAND PAC

ADDRESS (number and street) 228 S WASHINGTON ST STE 115

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00457689

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) 12-Day Report for the: (d) 30-Day Report for the:

Grid of report options including: 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), Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE), Primary (12P), General (12G), Runoff (12R), PRE-Election, Convention (12C), Special (12S), Election on, State of, General (30G), Runoff (30R), Special (30S), Election on, State of

5. Covering Period 03 / 01 / 2012 through 03 / 31 / 2012

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 Lisa Lisker

Signature of Treasurer Lisa Lisker [Electronically Filed] Date 04 / 19 / 2012

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

Office Use Only grid and FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PRAIRIELAND 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="2012"/>		72913.24
(b) Cash on Hand at Beginning of Reporting Period.....	50241.46	
(c) Total Receipts (from Line 19) .....	54000.00	64000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	104241.46	136913.24
7. Total Disbursements (from Line 31).....	13000.00	45671.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	91241.46	91241.46
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**PRAIRIELAND PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 03 / 01 / 2012 To: M M / D D / Y Y Y Y 03 / 31 / 2012

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).....	1000.00	2000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1000.00	2000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	53000.00	62000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	54000.00	64000.00
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))..... ▶	54000.00	64000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	54000.00	64000.00

**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 .....	3500.00	23671.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3500.00	23671.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	22000.00
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)) ..	13000.00	45671.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	45671.78

**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) .....	54000.00	64000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	54000.00	64000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3500.00	23671.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3500.00	23671.78

**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 14  
(check only one)

<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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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)  
**PRAIRIELAND PAC**

**A. Jerry Easom**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5924 Whittingdon Place  
City Plano State TX Zip Code 75093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Syniverse Technologies Occupation VP Industry Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012  
**Transaction ID : SA11AI.4982**  
Amount of Each Receipt this Period  
1000.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**PRAIRIELAND PAC**

**A. AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLAC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1932 WYNNTON ROAD  
 City COLUMBUS State GA Zip Code 31999  
 FEC ID number of contributing federal political committee. **C** C00034157  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2012  
**Transaction ID : SA11C.4964**  
 Amount of Each Receipt this Period  
 2000.00

**B. AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address ONE MASSACHUSETTS AVE NW SUITE 800  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C** C00172833  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2012  
**Transaction ID : SA11C.4971**  
 Amount of Each Receipt this Period  
 5000.00

**C. BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 961039  
 City FORT WORTH State TX Zip Code 76161  
 FEC ID number of contributing federal political committee. **C** C00235739  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2012  
**Transaction ID : SA11C.4973**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<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 8 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**PRAIRIELAND PAC**

Full Name (Last, First, Middle Initial)  
**A. CENTURYLINK INC. EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 150 Fayetteville Street Mall  
Suite 2810

City Raleigh State NC Zip Code 27601

FEC ID number of contributing federal political committee. **C** C00419911

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11C.4979**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. CME GROUP, INC. PAC (CME/CBOT/NYMEX PAC)**

Mailing Address 20 South Wacker Drive

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11C.4972**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL**

Mailing Address 1701 JFK Blvd, 49th Floor  
35th Floor

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2012

**Transaction ID : SA11C.4978**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9500.00
<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 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**PRAIRIELAND PAC**

**A. EXPERIAN NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (EXPERIAN PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 475 Anton Blvd

City Costa Mesa	State CA	Zip Code 92626
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00379768

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

**Transaction ID : SA11C.4965**

Amount of Each Receipt this Period  

2500.00
---------

**B. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 101 Constitution Avenue, NW  
Suite 500 West

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2012

**Transaction ID : SA11C.4980**

Amount of Each Receipt this Period  

5000.00
---------

**C. LOUIS DREYFUS CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K STREET NW SUITE 325

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00463117

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2012

**Transaction ID : SA11C.4966**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<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 10 OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**PRAIRIELAND PAC**

Full Name (Last, First, Middle Initial) <b>A. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1331 L St NW 8th Floor		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00004812		<b>Transaction ID : SA11C.4967</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

Full Name (Last, First, Middle Initial) <b>B. NATIONAL POTATO COUNCIL POTATO POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 1300 L STREET N.W. SUITE 910		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City WASHINGTON	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. <b>C</b> C00154104		<b>Transaction ID : SA11C.4968</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		

Full Name (Last, First, Middle Initial) <b>C. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 51 Madison Ave. Room 1109		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. <b>C</b> C00158881		<b>Transaction ID : SA11C.4970</b>
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="11000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 11 OF 14  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**PRAIRIELAND PAC**

**A.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11C.4974**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 13th St. NW  
Suite 340

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11C.4976**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address 55 Glenlake Parkway NE

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11C.4977**

Amount of Each Receipt this Period  
2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53000.00

**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)  
**PRAIRIELAND PAC**

Full Name (Last, First, Middle Initial)

**A. Winfrey & Company**

Mailing Address 228 South Washington Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Fundraising Consulting

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.4984**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PRAIRIELAND PAC**

Full Name (Last, First, Middle Initial)

**A. BERG FOR SENATE**

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement

011

Candidate Name

**RICHARD A BERG**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2012

Transaction ID : **SB23.4989**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BOB CORKER FOR SENATE 2012**

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**ROBERT P JR CORKER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 29 / 2012

Transaction ID : **SB23.4996**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 2267

City SMITHFIELD State NC Zip Code 27577

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**DAVID CHESTON ROUZER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NC District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2012

Transaction ID : **SB23.4987**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PRAIRIELAND PAC**

Full Name (Last, First, Middle Initial)

## A. LINDA LINGLE SENATE COMMITTEE

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANE OHE State HI Zip Code 96744

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**LINDA LINGLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : SB23.5000

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

## B. MONTANANS FOR REHBERG

Mailing Address PO BOX 1597

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**DENNIS RAY REHBERG**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2012

Transaction ID : SB23.4993

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

9500.00
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