

# 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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

ADDRESS (number and street) 50 F Street NW Suite 900 Washington DC 20001

Check if different than previously reported. (ACC)

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

C C00002238

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 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 in the State of

5. Covering Period 05 / 01 / 2012 through 05 / 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 Miss Kelsey A Swango

Signature of Treasurer Miss Kelsey A Swango [Electronically Filed] Date 02 / 27 / 2013

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 table with 7 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/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"/>	<input type="text"/>	<input type="text" value="4567.92"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="42192.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5550.00"/>	<input type="text" value="64658.78"/>
(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="47742.77"/>	<input type="text" value="69226.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13532.21"/>	<input type="text" value="35016.14"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="34210.56"/>	<input type="text" value="34210.56"/>
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 COUNCIL OF FARMER COOPERATIVES CO-OP/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).....	4650.00	33802.60
(ii) Unitemized .....	100.00	7556.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4750.00	41358.78
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	22500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4750.00	63858.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	800.00	800.00
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))..... ▶	5550.00	64658.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5550.00	64658.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	32.21	6516.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	32.21	6516.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	28500.00
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)) ..	13532.21	35016.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13532.21	35016.14

**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) .....	4750.00	63858.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4750.00	63858.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	32.21	6516.14
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	32.21	6516.14

**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 6 OF 13
	<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	

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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial) <b>A. Carl Casale</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2012
Mailing Address 1446 Delaware Ave		<b>Transaction ID : AC1B63E59BD184BB7A6D</b>
City Saint Paul	State MN	Zip Code 55118-3000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CHS, Inc.	Occupation President & CEO	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1580.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Daniel Kelley</b>		Date of Receipt MM / DD / YYYY 05 / 22 / 2012
Mailing Address 2633 N Linden St		<b>Transaction ID : A6281CB2E4AC7437DAD0</b>
City Normal	State IL	Zip Code 61761-9404
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Growmark & Cobank	Occupation Chairman of the Board	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.00	

Full Name (Last, First, Middle Initial) <b>c. Oghi A DeGiusti Jr.</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012
Mailing Address 1514 N Morgan Rd		<b>Transaction ID : A44F84D96B3C64C0BB5A</b>
City Tuttle	State OK	Zip Code 73089-8355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cobank	Occupation Director	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1400.00
<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 7 OF 13
<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 COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial) <b>A. David L Reinders</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : A0EBA534D839D4C2A88F</b>
Mailing Address 10001 Melinda Ln 79029		Amount of Each Receipt this Period 250.00
City Dumas	State TX	Zip Code 79029-0000
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cobank	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin Still</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : A7B9857A410464A5FAF5</b>
Mailing Address 1941 Knightsbridge Rd		Amount of Each Receipt this Period 250.00
City Danville	State IN	Zip Code 46122-7820
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cobank	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mary E McBride</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : ABF0F211EAD5A4422B10</b>
Mailing Address 550 S Quebec St 80111		Amount of Each Receipt this Period 1000.00
City Englewood	State CO	Zip Code 80111-0000
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Cobank	Occupation Chief Banking Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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 8 OF 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)  
**A. Clint Roush**

Mailing Address 9672 US Highway 183

City Arapaho State OK Zip Code 73620-2167

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

Name of Employer Cobank Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : A4B3EBFC28032461E9EE**

Amount of Each Receipt this Period  
250.00

Receipt

Full Name (Last, First, Middle Initial)  
**B. Wesley Brantley Jr.**

Mailing Address 817 W 24th St

City Ada State OK Zip Code 74820-8037

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

Name of Employer Cobank Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : ADAC1A7E065224F5798F**

Amount of Each Receipt this Period  
250.00

Receipt

Full Name (Last, First, Middle Initial)  
**C. Mary Fritz**

Mailing Address PO Box 280

City Chester State MT Zip Code 59522-0280

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

Name of Employer Cobank Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 31 / 2012  
**Transaction ID : A0786731867814BD8B66**

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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: PAGE 9 OF 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

**A. David Burlage**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9435 Pinyon Trl  
 City Lone Tree State CO Zip Code 80124-3075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cobank Occupation Chief Financial Officer  
 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  
 05 / 31 / 2012  
**Transaction ID : AA345494BD3424DF9B59**  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**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).....▶	4650.00

# 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 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)  
**A. Cobank**

Mailing Address 80217 PO Box  
80217

City State Zip Code  
Denver CO 80217-0000

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 31 / 2012

**Transaction ID : AC238D6C747EA40E5991**

Amount of Each Receipt this Period  
800.00

Inadvertent Deposit, Refunded on 6/5/12

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

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

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

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).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	800.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Glenn Thompson**

Mailing Address P.O. Box 1112

City State Zip Code  
State College PA 16804-1112

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Glenn Thompson Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: PA District: 05

Date of Disbursement

/  /

**Transaction ID : BC72D2767861F4CD08D0**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Rely on Your Beliefs Fund**

Mailing Address 209 Pennsylvania Ave., SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ Other2012  
State: District:

Date of Disbursement

/  /

**Transaction ID : BF30263BB124846A98C9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Gibbs for Congress**

Mailing Address 217 Third St SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Bob B. Gibbs**

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
State: OH District: 18

Date of Disbursement

/  /

**Transaction ID : BBC2B51EED9F84343B2E**

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)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. Peterson For Congress**

Mailing Address 236 Massachusetts Ave NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Collin C. Peterson**

Office Sought:  House  
 Senate  
 President  
State: MN District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 15 / 2012

Transaction ID : B301D6B4DA0AD4A75846

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Lucas For Congress**

Mailing Address P.o. Box 1726

City Oklahoma City State OK Zip Code 73101

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Frank D. Lucas**

Office Sought:  House  
 Senate  
 President  
State: OK District: 03

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 03 / 2012

Transaction ID : B046EF8F9DE974A859B6

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins for Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contribution to Committee

Candidate Name  
**Rep. Lynn Jenkins**

Office Sought:  House  
 Senate  
 President  
State: KS District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 17 / 2012

Transaction ID : B171AC135029E4179946

Amount of Each Disbursement this Period

1000.00

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

6000.00

**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)  
**NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC**

Full Name (Last, First, Middle Initial)

**A. Majority Committee**

Mailing Address 213 Ashby St.

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Contribution to Committee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Annual2012**

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : **B586929DA85EF4A9F8CA**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kristi for Congress**

Mailing Address 499 S Capitol St SW  
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution to Committee

Candidate Name

**Rep. Kristi L. Noem**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SD District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 09 / 2012

Transaction ID : **BB8AE2B842F4740CE8E0**

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2000.00

13500.00