

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		369642.32
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	377583.44									
(c) Total Receipts (from Line 19)	7339.70	34117.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	384923.14	403760.05								
7. Total Disbursements (from Line 31)	7502.20	26339.11								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	377420.94	377420.94								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	500.00	2826.75
(ii) Unitemized	3135.56	25105.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3635.56	27931.85
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	3635.56	27931.85
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.)	3704.14	6185.88
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 Transfer (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))	7339.70	34117.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7339.70	34117.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	502.20	8088.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	502.20	8088.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	17500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	750.77
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	7502.20	26339.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7502.20	26339.11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	3635.56	27931.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3635.56	27931.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	502.20	8088.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	502.20	8088.34

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 / 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	

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Ron Durst	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address RR 1 Box 189	Transaction ID: SA11AI.6098
	City State Zip Code Kasson MN 55944	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Self Employed Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Ronald L Guenther	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address 1540 Hwy 51	Transaction ID: SA11AI.6100
	City State Zip Code Bancroft NE 68004	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Self Employed Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Philip J Johnson	Date of Receipt MM / DD / YYYY 07 / 20 / 2009
	Mailing Address N7232 County Road D	Transaction ID: SA11AI.6096
	City State Zip Code Holmen WI 54636	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Self Employed Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 7 / 12

(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

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Desmond Miller

Mailing Address 44985 281ST Street

City State Zip Code
Parker SD 57053

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 221.25

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.6102

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
Joel and/or Sarah Pettit

Mailing Address 15361 440th Street

City State Zip Code
Zumbrota MN 55992

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 385.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.6097

Amount of Each Receipt this Period

55.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
Bill Rowekamp

Mailing Address Rt 2 Box 13

City State Zip Code
Lewiston MN 55952

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

Name of Employer Self Employed Occupation
Self Employed Dairy Farmer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 20 / 2009

Transaction ID: SA11AI.6099

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

120.00

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 8 / 12
	(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

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dan and or Jim Thyen		Date of Receipt MM / DD / YYYY 07 / 20 / 2009
Mailing Address Box 49		Transaction ID: SA11AI.6101
City Waverly	State SD	Zip Code 57202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer Self Employed	Occupation Dairy Farmer	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Paul or Shirley Toft		Date of Receipt MM / DD / YYYY 07 / 20 / 2009
Mailing Address 1756 25th Avenue		Transaction ID: SA11AI.6103
City Rice Lake	State WI	Zip Code 54868
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self Employed	Occupation Dairy Farmer	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	260.00
TOTAL This Period (last page this line number only)	▶	500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

A.	Full Name (Last, First, Middle Initial) Minnstar Bank		Date of Receipt		
	Mailing Address 202 North Main P O Box 270		M M / D D / Y Y Y Y 07 / 07 / 2009		
	City Lake Crystal	State MN	Zip Code 56055	Transaction ID: SA17.6106	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3685.06		
	Name of Employer	Occupation		CD INTEREST INCOME	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3685.06			

SUBTOTAL of Receipts This Page (optional)	3685.06
TOTAL This Period (last page this line number only)	3685.06

**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)

PAGE 10 / 12

<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

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
AMPI

Transaction ID: SB21B.6107
Date of Disbursement

Mailing Address P.O. Box 455 315 North Broadway

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	9

City State Zip Code
New Ulm MN 56073

Amount of Each Disbursement this Period

502.20

Purpose of Disbursement
JUL-09 OPERATING EXPENSES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

502.20

TOTAL This Period (last page this line number only) ►

502.20

**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)

PAGE 11 / 12

<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

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)
ASSOCIATED MILK PRODUCERS INC. POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Citizens for Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6108</p> <p>Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dorgan</p> <p>Mailing Address 420 C Street NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Friends of Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6110</p> <p>Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jim Costa for Congress</p> <p>Mailing Address P O Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name Jim Costa for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 20</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6112</p> <p>Date of Disbursement 07 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

