

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 07 31 2009

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 Dana Brooks
Signature of Treasurer Electronically Filed by Dana Brooks Date 02 17 2010

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 **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

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		3844.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	12502.67									
(c) Total Receipts (from Line 19)	1666.50	52942.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14169.17	56786.85								
7. Total Disbursements (from Line 31)	5025.00	47642.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9144.17	9144.26								
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**

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)	1480.00	27086.00
(ii) Unitemized	186.50	3856.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1666.50	30942.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	22000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1666.50	52942.50
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 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))	1666.50	52942.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1666.50	52942.50

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.....	25.00	367.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	25.00	367.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	47275.00
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	0.00
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))..	5025.00	47642.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5025.00	47642.59

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)	1666.50	52942.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1666.50	52942.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25.00	367.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	367.59

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

A.	Full Name (Last, First, Middle Initial) Tom Balmer	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 1303 Hancock Ave	Transaction ID: A4AB5E44B02684B17B7E
	City State Zip Code Alexandra VA 22301	Amount of Each Receipt this Period 166.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Milk Producers Federation Occupation: Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 830.00	

B.	Full Name (Last, First, Middle Initial) Jim Tillison	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 13951 Real Quite Ct	Transaction ID: AF8C81A9C7A944F5C854
	City State Zip Code Gainsville VA 20155	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Milk Producers Federation Occupation: Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 1135.00	

C.	Full Name (Last, First, Middle Initial) Chris Galen	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 3467a S. Stafford St	Transaction ID: AA3A67756B4E048C881B
	City State Zip Code Arlington VA 22206	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Milk Producers Federation Occupation: Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 300.00	

SUBTOTAL of Receipts This Page (optional)	326.00
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 / 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.	Full Name (Last, First, Middle Initial) Jerry Kozak		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address 9844 Palace Green Way		Transaction ID: A9008270AD0B64286BD9		
	City Vienna	State VA	Zip Code 22181	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Milk Producers Federation		Occupation Ceo		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00			

B.	Full Name (Last, First, Middle Initial) Peter Vitaliano		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address 6306 N. 28th St		Transaction ID: A5E62E5C3CFA449879AF		
	City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Milk Producers Federation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Jaime Castaneda		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address 1744 Pine Valley Dr		Transaction ID: A86CB549C9B854FB58B6		
	City Vienna	State VA	Zip Code 22182	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer National Milk Producers Federation		Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

SUBTOTAL of Receipts This Page (optional)	▶	440.00
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 / 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.	Full Name (Last, First, Middle Initial) Roger Cryan	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 9367 Tovito Dr	Transaction ID: A7FB6AD5586D845548FF
	City State Zip Code Fairfax VA 22031	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Milk Producers Federation	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) James P. Camerlo	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 800 N. Frazier	Transaction ID: A63A135AC0E4F4C97946
	City State Zip Code Florence CO 81226	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Nmpf Board Member	Occupation Dairy Farmer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Rob Byrne	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 1001 N. Vermont St Apt 808	Transaction ID: A9B8CD2E9C5474E1FB38
	City State Zip Code Arlington VA 22201	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer National Milk Producers Federation	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	644.00
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 / 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"/> 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.	Full Name (Last, First, Middle Initial) Jamie Jonker		Date of Receipt																					
	Mailing Address 2101 Wilson Blvd Suite 400		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	5		2	0	0	9														
	City	State	Zip Code	Transaction ID: AE4AA6AF64E9849F6BD9																				
	Arlington	VA	22201-3062	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	70.00																					
Name of Employer National Milk Producers Federation		Occupation Director, Regulatory Affairs																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 490.00																						

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	1480.00

**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)

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

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

A.	Full Name (Last, First, Middle Initial) Sun Trust Bank			Transaction ID: BF8FE01464D3B47AA919		
	Mailing Address PO Box 622227			Date of Disbursement 07 / 10 / 2009		
City Orlando		State FL	Zip Code 32862-2227		Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Bank Fee			<input type="text"/>			
Candidate Name			Category/ Type			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:						

SUBTOTAL of Disbursements This Page (optional) ▶

25.00

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

25.00

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 MILK PRODUCERS FEDERATION PAC (NMPF PAC)

<p>A. Full Name (Last, First, Middle Initial) Leahy For U.s. Senator Committee</p> <p>Mailing Address PO BOX 1042</p> <p>City MONTPELIER State VT Zip Code 05601</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B91585845BC5C4BD9A4E Date of Disbursement: 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100</p> <p>City MIDLAND State MI Zip Code 48640</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name Rep. Dave Camp Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: B789D307FD48540B6B3D Date of Disbursement: 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Carney For Congress</p> <p>Mailing Address P.O. Box A</p> <p>City Clarks Summit State PA Zip Code 18411</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name <input type="text"/> Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: B245B64F3CCE34F5C933 Date of Disbursement: 07 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

PAGE 12 / 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

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

A. Full Name (Last, First, Middle Initial) Moran For Kansas <hr/> Mailing Address P.O. Box 1151 <hr/> City Hays State KS Zip Code 67601 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5302C114E0DA4250BC0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Leahy For U.s. Senator Committee <hr/> Mailing Address PO BOX 1042 <hr/> City MONTPELIER State VT Zip Code 05601 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFA78EAA18B5A47DC9D2 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

5000.00