

**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"/> 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)
Land O'Lakes, Inc., PAC

A. CRAWFORD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 16956

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
6/29 Event

Candidate Name
Crawford, Rick, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AR District: 01

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C C00462374

Transaction ID : D179357

Amount of Each Disbursement this Period

2500.00

Memo Item

B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1041

City Brainerd State MN Zip Code 56401-1041

Purpose of Disbursement
Contribution to a Federal Candidate

Candidate Name
Nolan, Rick, , Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: MN District: 08

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2017

FEC Identification Number

C C00499053

Transaction ID : D179366

Amount of Each Disbursement this Period

1000.00

Memo Item

C. ROBERT ADERHOLT FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P. O. BOX 1158

City HALEYVILLE State AL Zip Code 35565

Purpose of Disbursement
3/8 Event

Candidate Name
Aderholt, Robert, B., Rep.,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: AL District: 04

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2017

FEC Identification Number

C C00313247

Transaction ID : D177920

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00