

**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)

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<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)
MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A. Full Name (Last, First, Middle Initial) Rep. MIKE MCINTYRE <hr/> Mailing Address 1701 North Chestnut Street <hr/> City Lumberton State NC Zip Code 28358 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.13978 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name Rep. MIKE MCINTYRE Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHARLIE JR. MELANCON <hr/> Mailing Address PO Box 549 PO BOX 549 <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.14014 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name CHARLIE JR. MELANCON Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) MICHAEL H MICHAUD <hr/> Mailing Address 213 Lisbon Street <hr/> City Lewiston State ME Zip Code 04240 <hr/> Purpose of Disbursement <input type="text"/>	Transaction ID: SB23.13976 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period <input type="text"/> 1000.00
	Candidate Name MICHAEL H MICHAUD Category/Type <input type="text"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	<input type="text"/> 3000.00
TOTAL This Period (last page this line number only) ▶	<input type="text"/>