

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MICHELS CORPORATION PAC, INC.

ADDRESS (number and street)

817 W Main Street

(Check if address is changed)

BROWNSVILLE

WI

53006

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Kloppnow@michels.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

920 - 583 - 3971

2. DATE

08

14

2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen A. Loppnow

Signature of Treasurer

Kathleen A Loppnow

Date

08

14

2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>	_____
2.	_____	FEC ID number	<input type="checkbox"/>	_____
3.	_____	FEC ID number	<input type="checkbox"/>	_____
4.	_____	FEC ID number	<input type="checkbox"/>	_____
5.	_____	FEC ID number	<input type="checkbox"/>	_____

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Write or Type Committee Name

Michels Corporation PAC, Inc.

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

MICHEL'S CORPORATION

Mailing Address

PO BOX 128
BROWNSVILLE WI 53006-0128
CITY STATE ZIP CODE

Relationship:

- Connected Organization (checked)
Affiliated Committee
Leadership PAC Sponsor
Joint Fundraising Representative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: KATHLEEN A LOPPNOW
Mailing Address: PO BOX 128, BROWNSVILLE WI 53006-0128
Title or Position: TREASURER
Telephone number: 920-924-4322

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: KATHLEEN A LOPPNOW
Mailing Address: PO BOX 128, BROWNSVILLE WI 53006-0128
Title or Position: TREASURER
Telephone number: 920-924-4322

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AMERICAN BANK

Mailing Address

676 W JOHNSON STREET

[Empty grid for Mailing Address]

FOND DU LAC WI 54935

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

[Empty grid for Mailing Address]

CITY

STATE

ZIP CODE

28039821132

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): Shipping Date
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GN 8/25/08
PREPARER **DATE PREPARED**

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