

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Michigan Milk Producers Association Political Action Committee

ADDRESS (number and street) 41310 Bridge Street

Check if different than previously reported. (ACC) Novi MI 48375

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00096594 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)
[X] January 31 Year-End 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 (12S)

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 / 2015 through 12 / 31 / 2015

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 Eric Frahm

Signature of Treasurer Eric Frahm [Electronically Filed] Date 01 / 25 / 2016

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Michigan Milk Producers Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="9133.55"/>	<input type="text" value="9133.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="6803.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5450.00"/>	<input type="text" value="9620.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12253.55"/>	<input type="text" value="18753.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7000.00"/>	<input type="text" value="13500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5253.55"/>	<input type="text" value="5253.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

Write or Type Committee Name

**Michigan Milk Producers Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

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).....	2380.00	2980.00
(ii) Unitemized .....	3070.00	6640.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5450.00	9620.00
(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) .....	5450.00	9620.00
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 Transfers (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))..... ▶	5450.00	9620.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5450.00	9620.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	13500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	7000.00	13500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	13500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	5450.00	9620.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5450.00	9620.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 OF 19
	<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)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brad Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 22231 North Avenue

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015  
**Transaction ID : SA11AI.12473**

Amount of Each Receipt this Period  
25.00

**B. Brad Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 22231 North Avenue

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : SA11AI.12544**

Amount of Each Receipt this Period  
25.00

**C. Brad Crandall**  
Full Name (Last, First, Middle Initial)

Mailing Address 22231 North Avenue

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015  
**Transaction ID : SA11AI.12615**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brad Crandall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22231 North Avenue  
 City State Zip Code  
 Battle Creek MI 49017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed dairy farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : SA11AI.12691**  
 Amount of Each Receipt this Period  
 25.00

**B. Rodney Daniels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8290 Prescott Road  
 City State Zip Code  
 Whittemore MI 48770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed dairy farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11AI.12588**  
 Amount of Each Receipt this Period  
 20.00

**C. Rodney Daniels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8290 Prescott Road  
 City State Zip Code  
 Whittemore MI 48770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self employed dairy farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : SA11AI.12662**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00  
**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 OF 19
<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

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NAME OF COMMITTEE (In Full)  
**Michigan Milk Producers Association Political Action Committee**

**A. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

**Transaction ID : SA11AI.12325**

Amount of Each Receipt this Period  

50.00
-------

**B. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : SA11AI.12412**

Amount of Each Receipt this Period  

50.00
-------

**C. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

**Transaction ID : SA11AI.12485**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 9 OF 19
	<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)  
**Michigan Milk Producers Association Political Action Committee**

**A. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : SA11AI.12556**

Amount of Each Receipt this Period  
50.00

**B. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

**Transaction ID : SA11AI.12627**

Amount of Each Receipt this Period  
50.00

**C. Paul Endsley**  
Full Name (Last, First, Middle Initial)

Mailing Address 5311 Bayne Road

City Hastings	State MI	Zip Code 49058
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

**Transaction ID : SA11AI.12702**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 10 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Michigan Milk Producers Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mark Halbert**

Mailing Address 22322 East Avenue North

City State Zip Code  
Battle Creek MI 49017

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015  
**Transaction ID : SA11AI.12616**

Amount of Each Receipt this Period  
800.00

Full Name (Last, First, Middle Initial)  
**B. Timothy Hood**

Mailing Address 41488 County Road 358

City State Zip Code  
Paw Paw MI 49079

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015  
**Transaction ID : SA11AI.12449**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Timothy Hood**

Mailing Address 41488 County Road 358

City State Zip Code  
Paw Paw MI 49079

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

Name of Employer Occupation  
self employed dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 16 / 2015  
**Transaction ID : SA11AI.12522**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 11 OF 19
<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

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NAME OF COMMITTEE (In Full)  
**Michigan Milk Producers Association Political Action Committee**

**A. Timothy Hood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41488 County Road 358

City Paw Paw	State MI	Zip Code 49079
-----------------	-------------	-------------------

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

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

**Transaction ID : SA11AI.12591**

Amount of Each Receipt this Period  

25.00
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**B. Timothy Hood**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41488 County Road 358

City Paw Paw	State MI	Zip Code 49079
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FEC ID number of contributing federal political committee. **C**

Name of Employer self employed	Occupation dairy farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

**Transaction ID : SA11AI.12665**

Amount of Each Receipt this Period  

25.00
-------

**C. Dennis Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4637 Mason Road

City Owosso	State MI	Zip Code 48867
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Dairy Farmer
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2015

**Transaction ID : SA11AI.12454**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 12 OF 19
	<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)  
**Michigan Milk Producers Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dennis Reed</b>			Date of Receipt
Mailing Address 4637 Mason Road			<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.12527</b>
Owosso	MI	48867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self Employed	Dairy Farmer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dennis Reed</b>			Date of Receipt
Mailing Address 4637 Mason Road			<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.12596</b>
Owosso	MI	48867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Self Employed	Dairy Farmer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dennis Reed</b>			Date of Receipt
Mailing Address 4637 Mason Road			<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.12670</b>
Owosso	MI	48867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
Self Employed	Dairy Farmer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brent Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2647 E. Caro Road  
 City State Zip Code  
 Caro MI 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Dairy Farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : SA11AI.12338**  
 Amount of Each Receipt this Period  
 100.00

**B. Brent Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2647 E. Caro Road  
 City State Zip Code  
 Caro MI 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Dairy Farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2015  
**Transaction ID : SA11AI.12426**  
 Amount of Each Receipt this Period  
 100.00

**C. Brent Robinson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2647 E. Caro Road  
 City State Zip Code  
 Caro MI 48723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Dairy Farmer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : SA11AI.12498**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 14 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brent Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2647 E. Caro Road

City Caro	State MI	Zip Code 48723
--------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Dairy Farmer
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2015

**Transaction ID : SA11AI.12569**

Amount of Each Receipt this Period  
100.00

**B. Brent Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2647 E. Caro Road

City Caro	State MI	Zip Code 48723
--------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Dairy Farmer
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

**Transaction ID : SA11AI.12640**

Amount of Each Receipt this Period  
100.00

**C. Brent Robinson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2647 E. Caro Road

City Caro	State MI	Zip Code 48723
--------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Dairy Farmer
-----------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

**Transaction ID : SA11AI.12716**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 15 OF 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Michigan Milk Producers Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Glen Sparks**

Mailing Address 2195 S. Van Wagoner Avenue

City State Zip Code  
 Fremont MI 49412

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

Name of Employer Occupation  
 self employed dairy farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 20 / 2015  
**Transaction ID : SA11AI.12635**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Glen Sparks**

Mailing Address 2195 S. Van Wagoner Avenue

City State Zip Code  
 Fremont MI 49412

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

Name of Employer Occupation  
 self employed dairy farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2015  
**Transaction ID : SA11AI.12711**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Brent Wilson**

Mailing Address 11624 Wilson Road

City State Zip Code  
 Carson City MI 48811

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

Name of Employer Occupation  
 self employed dairy farmer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 17 / 2015  
**Transaction ID : SA11AI.12295**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 16 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11624 Wilson Road

City Carson City State MI Zip Code 48811

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

Name of Employer self employed Occupation dairy farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
08 / 21 / 2015  
**Transaction ID : SA11AI.12380**

Amount of Each Receipt this Period  
50.00

**B. Brent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11624 Wilson Road

City Carson City State MI Zip Code 48811

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

Name of Employer self employed Occupation dairy farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
09 / 24 / 2015  
**Transaction ID : SA11AI.12452**

Amount of Each Receipt this Period  
50.00

**C. Brent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11624 Wilson Road

City Carson City State MI Zip Code 48811

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

Name of Employer self employed Occupation dairy farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : SA11AI.12525**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 17 OF 19
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Michigan Milk Producers Association Political Action Committee**

**A. Brent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11624 Wilson Road

City Carson City State MI Zip Code 48811

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

Name of Employer self employed Occupation dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2015**

**Transaction ID : SA11AI.12594**

Amount of Each Receipt this Period  
**50.00**

**B. Brent Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 11624 Wilson Road

City Carson City State MI Zip Code 48811

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

Name of Employer self employed Occupation dairy farmer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 15 / 2015**

**Transaction ID : SA11AI.12668**

Amount of Each Receipt this Period  
**50.00**

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2380.00</b>

**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)

**Michigan Milk Producers Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement  
Direct Contribution

Candidate Name

**MICHAEL F BENNET**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : SB23.12347**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement  
Direct Contribution

Candidate Name

**JOHN MOOLENAAR**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2015

**Transaction ID : SB23.12348**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. RIBBLE FOR CONGRESS**

Mailing Address PO BOX 7200

City APPLETON State WI Zip Code 54912

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB23.12267**

Amount of Each Disbursement this Period

1500.00

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

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

3000.00

**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)

**Michigan Milk Producers Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DEBBIE STABENOW**

Mailing Address 7143 STEEPLECHASE

City LANSING State MI Zip Code 48917

Purpose of Disbursement  
Direct Contribution

Candidate Name

**DEBBIE STABENOW**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2015

**Transaction ID : SB23.12270**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. UPTON FOR ALL OF US**

Mailing Address P.O. BOX 490

City ST. JOSEPH State MI Zip Code 49085

Purpose of Disbursement  
Direct Contribution

Candidate Name

**FREDERICK STEPHEN UPTON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2015

**Transaction ID : SB23.12269**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. WALBERG FOR CONGRESS**

Mailing Address PO BOX 1362

City JACKSON State MI Zip Code 49204

Purpose of Disbursement

Candidate Name

**TIMOTHY L HON. WALBERG**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

**Transaction ID : SB23.12268**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

7000.00
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