

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

NATIONAL MILK PRODUCERS FEDERATION PAC (NMPF PAC)

ADDRESS (number and street)

2101 WILSON BOULEVARD SUITE 400

☐(Check if address  
is changed)

ARLINGTON

VA

22201

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mknigge@nmpf.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

7038419328

2. DATE

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00325324

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

Jaime Castaneda

Signature of Treasurer

Electronically Filed by Jaime Castaneda

Date

M M / D D / Y Y Y Y  
1 1 / 2 0 / 2 0 0 7

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (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  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

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

Name of  
Candidate

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

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

National Milk Producers Federation

Mailing Address

2101 Wilson Blvd

Suite 400

Arlington

VA

22201

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☒ Trade Association ☐ Cooperative

Write or Type Committee Name

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

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 **Mary Knigge**

Mailing Address **908 N Wayne St**

**Apt 304**

**Arlington** **VA** **22201** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Mgr Govt Relations** **703** **243** **6111**

Telephone number - -

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 **Jaime Castaneda**

Mailing Address **1744 Pine Valley Drive**

**Vienna** **VA** **22182** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

**Sr. VP Govt Relation** **703** **243** **6111**

Telephone number - -

Full Name of Designated Agent

Mailing Address

**CITY ▲** **STATE ▲** **ZIP CODE ▲**

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.

SunTrust Bank

Mailing Address

1445 New York Ave, NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲