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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. US Immigration Reform PAC PO Box 100006 ADDRESS (number and street) (Check if address is changed) Arlington 22210-3006 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS usirpac@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) usimmigrationreformpac.org (Check if address is changed) DATE 06 2013 C00253906 FEC IDENTIFICATION NUMBER > 3. X 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. Mike Milmoe Type or Print Name of Treasurer Mike Milmoe [Electronically Filed] 04 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ı	FEC Fo i	rm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cand	e of lidate		
	lidate ⁄ Affiliatio	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Par	ty Con	nmittee: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Commit		i aye J
	ation Reform PAC	
	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
NONE		
	-	
Mailing Address	-	
	- VA 00000	
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
 Custodian of Reco books and records. 	ords: Identify by name, address (phone number optional) and position of the person in position	ossession of committee
. P	KC McAlpin	
Full Name	,275 Catob Road	
Mailing Address	273 Galob Road	
	10740	2005
	Harbor Springs MI 49740-	9335
Title or Position	CITY STATE	ZIP CODE
Custodian of Reco	rds	[_] [
	Telephone number	
3. Treasurer: List the any designated age	name and address (phone number optional) of the treasurer of the committee; and the r nt (e.g., assistant treasurer).	name and address of
T dil Ttallio	/like Milmoe	ı
of Treasurer	J7012 Balmoral Forest Road	
Mailing Address		
	L Clifton	1530
	Clifton VA 20124-	ZIP CODE
Title or Position Treasurer	Telephone number	
1		

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Deposafety deposit boxes of Name of Bank, Depos		
Name of Bank, Depos	or maintains funds. sitory, etc. /ells Fargo	
Name of Bank, Depos	or maintains funds. sitory, etc.	22209-2323
Name of Bank, Depos	or maintains funds. sitory, etc. /ells Fargo	
Name of Bank, Depos	or maintains funds. sitory, etc. /ells Fargo	22209-2323
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc. /ells Fargo	22209-2323
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc. /ells Fargo	22209-2323
safety deposit boxes of Name of Bank, Deposition Mailing Address	or maintains funds. sitory, etc. /ells Fargo	22209-2323
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. /ells Fargo	22209-2323
Name of Bank, Depos Mailing Address Name of Bank, Depos	or maintains funds. sitory, etc. /ells Fargo	22209-2323