1503-141-2580

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2015 APR 14 AM 11: 39

		Office Use Only				
NAME OF COMMITTEE (in full)	(Check if name Example:If typing, type is changed) ever the lines.	12FE4M5				
Michigan Milk Producers Association Political Action Committee						
ADDRESS (number and street)	41310 Bridge Street					
(Check if address is changed)	Novi	MI 48375				
	CITY	STATE ZIP CODE				
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-mail address)					
(Check if address is changed)	burkhardt@mimilk.com					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)	entre de la companya				
(Check if address						
· · · ·						
2. DATE 04 ^M . 2	2015					
3. FEC IDENTIFICATION NO	C00096594					
4. IS THIS STATEMENT	NEW (N) OR MENDED (A)	·				
I certify that I have examined the	his Statement and to the best of my knowledge and belief	it is true, correct and complete.				
Type or Print Name of Treasure	Fric Frahm					
₹ Signature of Treasurer	ic Frahm	Date 04 / 02° / 2015				
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, White	For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100					

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Write or Type Committee Name

Michigan Milk Producers	Association	Political	Action	Committee
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Michigan Milk Pro	oducers Association Polit	ical Action Com	mittee
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundra	ising Representative, or Lead	ership PAC Sponsor
Mailing Address			
. TO AND	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint F	Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional)) and position of the person in	possession of committee
Full Name		<u> </u>	
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
	Tele	ephone number	
 Treasurer: List the name and any designated agent (e.g., a 	d address (phone number optional) of the treasussistant treasurer).	surer of the committee; and the	e name and address of
Full Name of Treasurer	rahm		
Mailing Address	P.O. Box 8002		
Title or Position	Noyi	MI 48	376 J-[, , ,]
Treasurer		ephone number 248 -	474 6672

P.O. BOX 8002 • NOVI, MI 48376-8002

Federal Election Commission

Washington, DC 20463

999 E Street, NW

20463

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. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2015)