

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over 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 ADDRESS (Please provide only one e-mail address)

burkhardt@mimilk.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mimilk.com

(Check if address is changed)

2. DATE

04 / 2 / 2015

3. FEC IDENTIFICATION NUMBER

C00096594

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

Eric Frahm

Signature of Treasurer

Eric 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.

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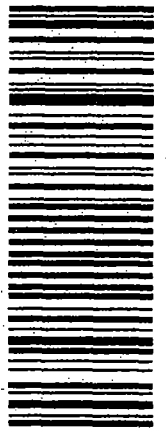
For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

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P.O. BOX 8002 • NOVI, MI 48376-8002



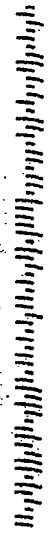
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