

**United States Department of Agriculture
Agricultural Marketing Service, Dairy Programs**

**Market Administrator
Federal Milk Orders 6 & 7—Florida and Southeast Marketing Areas**
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MONTHLY REPORT OF PAYMENTS RECEIVED BY COOPERATIVE ASSOCIATION FROM HANDLERS

COOPERATIVE ASSOCIATION: _____

MONTH: _____

ORDER: _____

This report is required by the order in accordance with 7 U.S.C. 609c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c(14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

HANDLER	Gross \$ Amount Due	\$ Adjustments (-) or +	Net Amount Due \$	FIRST ADVANCE		SECOND ADVANCE**		FINAL SETTLEMENT	
				\$ Amount	Date Received	\$ Amount	Date Received	\$ Amount	Date Received

** If applicable I declare under the penalties provided by law, that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report. I also certify that I am authorized to sign this report.

SIGNED: _____
(Person Authorized to Sign for Handler)

TITLE: _____

DATE: _____

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Market Administrator
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