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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration	Effective Date of Registration 2/24/2003 Senate Identification Number 16010-00012				
2. House Identification Number 31494000					
REGISTRANT 3. Registrant name GENERAL MILLS, INC.		linkkom kali de doministro de			
Address 601 PENNSYLVANIA AVENUE, NW; SUI	TE 420 NORTH	. decessed pageotible			
City WASHINGTON	State DC	Zip 20004			
4. Principal place of business (if different from line 3) City	State/7in (or	Country)			
5. Telephone number and contact name		E-mail (optional) jeffrey.shapi			
6. General description of registrant's business or activities					
CLIENT A Lobbying firm is required to file a separate registrate labeled "Self" and proceed to line 10. 2 Self 7. Client name	tion for each client. Organizations o	employing in-house lobbyists should check t			
Address		(48480-p\$p			
City	State	Zip			
8. Principal place of business (if different from line 7) City	State/Zip (or Country)				
9. General description of client's business or activities					
LOBBYISTS 10. Name of each individual who has acted or is expected to this section has served as a "covered executive brancacting as a lobbyist for the client, state the executive of	h official" or "covered legisla	ative branch official" within two year			
Name	Cov	ered Official Position (if applicable)			
JEFFREY ALAN SHAPIRO					
ui.	*****				
********	1950)001	***************************************			

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Registrant Name	GENERAL MI	LLS, INC.	_Client Nam	c			
LOBBYING I		elect all applicab	le codes listed	in instructions and or	n the reverse	e side of Form LD-	-1, pí
AGR LBR	MAN	TAX	TRD	CSP		_	_
12. Specific lobbyin Country of Orig Nutrition Issue	- gin Labeling, O			Reporting Act, Nation	nal Uniform	nity, Agriculture &	,
AFFILIATED 13. Is there an entity a semiannual per	y other than th	e client that co		re than \$10,000 to to supervises or contro			
② No⇔G	o to line 14.		☐ Yes ↓	Complete the rest of the criteria above,		•	y ma
Na	Name Address		esa	Principal Place of Busines (city and state or country			
b) direct activ c) is an	eign entity that at least 20% early or indirectly ities of the clie	quitable owner y, in whole or is nt or any organ client or any o	n major part, nization iden	tient or any organization plans, supervises, on tified on line 13; On dentified on line 13	controls, di	irects, finances or	r sub
No ⇒ Sign and date the registration.		C	Yes Complete the rest of this section for each of matching the criteria above, then sign and registration.				
Name		Address		Principal place of business (city and state or cou	f	Amount of contribution for obbying activities	O pe
Signature				<u></u>	Date	02/24/200	03

Printed Name and Title JEFFREY A. SHAPIRO; Washington Representative Filing #e45d51cd-8c3b-46e8-a77d-fac0cfb7887c - Page 3 of 4

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Form LD-1 (Rev. 06/98)