## 13031034036

## **STATEMENT OF**

DECENTED

PAGE 1/4 --

FEC FORM 1	ORGANIZATION				2013 FEI	B-6 AM 9		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		ple:If typing, type ne lines.	12		ALGEN	TER
San Benito County Republican Party-Federal								
		1 1 1 1 1 1						
ADDRESS (number a	and street)	3315 Colina Linda Road	<u> </u>		1 1 1	<u> </u>		
(Check if a		1	1 1 1 1 1	11111	1 1 1		1 1 1 1	1
is clarged	u)	Hollister CITY A			STA	2 1	023-9175 	ODE A
COMMITTEE'S E-MA	AIL ADDRES	SS				•		
(Check if is changed			1 1 1 1 1		111	<u> </u>		
	·	Optional Second E-Mail	Address					1
	COMMITTEE'S WEB PAGE ADDRESS (URL)							
☐ ◀ (Check if address is changed)					1 1 1		<u> </u>	
			1111	1111	1.1.1	<u> </u>		لبب
2. DATE 01 24 2013								
3. FEC IDENTIFICATION NUMBER ▶ C C00528844								
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 Bev Miller								
Signature of Treasure	Signature of Treasurer  Bev Miller  Bev Miller  Bev Miller  Date  Date					N		
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
Use	!		Federal Election Commission
Only			Toll Free 800-424-9530
Oilly	1		Local 202-694-1100

	EC	EC Ear	1 (Ravised 02/2000)	Page 2				
5.	FEC Form 1 (Revised 02/2009) Page 2  TYPE OF COMMITTEE							
	Cend	idate	ate 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. (Complete the candidate information below.)					
	Name of Candidate							
	Candidate Office State Party Affiliation Sought: House Senate President  District							
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candid							
	Party	Com	mittee:					
	(d)	X	ti CID (i	emocratic, epublican, etc.) Party.				
	Politic	cal A	ction Committee (PAC):	•				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	ected organization is a:				
		Stand!	Corporation Corporation w/o Capital Stock	Labor Organization				
				Cooperative				
			In addition, this committee is a Lobbyist/Registrant PAC.	·				
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated 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.)					
	Joint Fundralsing Representative:							
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
	Committees Participating in Joint Fundraiser							
		1.	FEC ID number					
		2.	FEC ID number					
		3.	FEC ID number					
		1	I					

Write or Type Committee Name					
San Benito County Republican Party-Federal					
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Repr	esentanve, or Leadership PAC Sponsor			
NONE	<u> </u>	<u> </u>			
Mailing Address	<u> </u>				
,	<u> </u>				
		CA 00000			
	CITY	STATE ZIP CODE			
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor			
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and positi	on of the person in possession of committee			
Full Name  Bev Miller  L L L L  Mailing Address	3315 Colina Linda Road				
	1				
	Hollister	CA 95023-9175			
Title or Position	СІТҮ	STATE ZIP CODE			
Treasurer	Telephone nun	nber			
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the assistant treasurer).	committee; and the name and address of			
Full Name Bev Miller of Treasurer					
Mailing Address	3315 Colina Linda Road				
	Hollister	CA 95023-9175 -			
Title or Position Treasurer	CITY  Telephone num	STATE ZIP CODE			

CITY

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ZIP CODE

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

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## **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.				
Hand Delivered	Date of Receipt			
USPS First Class Mail	Postmarked // 25//3			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
Delivery Confirmation™ or Signat	ure Confirmation™ Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Ne	xt Business Day Delivery			
Received from House Records & Registration C	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
(ALD)	2/6/13			
PREPARER	DATE PREPARED			

(3/2005)