# FEC FORM 1

## STATEMENT OF ORGANIZATION

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1305111121156

1. NAME OF COMMITTEE (in full)    (Check if name is changed)    Example: If typing, type over the lines.

AARON MILLER FOR CONGRESS

ADDRESS (number and street)  PO BOX 493

◄ (Check if address is changed)

ROCHESTER     MN   55903-

CITY ▲     STATE ▲     ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

◄ (Check if address is changed)  joadroogsmac.aol.com

Optional Second E-Mail Address

### COMMITTEE'S WEB PAGE ADDRESS (URL)

◄ (Check if address is changed)  Aaronmiller-forcongress.com

2. DATE  08-22-2013

3. FEC IDENTIFICATION NUMBER ▶   C
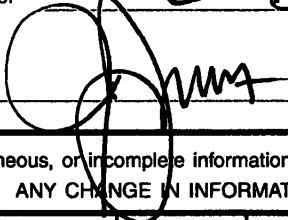
4. IS THIS STATEMENT ─✗─ NEW (N)    **OR**    AMENDED (A)

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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   JOE DROOGSMA

Signature of Treasurer _____    Date 08-22-2013

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 | | | | |
|---|---|---|---|---|
| | | | | |

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

**FEC FORM 1**
(Revised 06/2012)

5. TYPE OF COMMITTEE

**Candidate 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  AARON MILLER

| Candidate Party Affiliation | REP | Office Sought: | ☒ House | ☐ Senate | ☐ President | State | MN |
|---|---|---|---|---|---|---|---|
| | | | | | | District | 01 |

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d) ☐ This committee is a [  ] (National, State or subordinate) committee of the [  ] (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation           ☐ Corporation w/o Capital Stock           ☐ Labor Organization

☐ Membership Organization   ☐ Trade Association                   ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. |                                        | FEC ID number C

2. |                                        | FEC ID number C

3. |                                        | FEC ID number C

4. |                                        | FEC ID number C

Write or Type Committee Name

6.  **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY                              STATE              ZIP CODE

Relationship:  ☐ Connected Organization  ☐ Affiliated Committee  ☐ Joint Fundraising Representative  ☐ Leadership PAC Sponsor

7.  **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name         JOE DROOGSMA

Mailing Address   128 E GOLDEN LAKE LANE

                  CIRCLE PINES          MN  55014-

Title or Position                    CITY              STATE              ZIP CODE

TREASURER                                  Telephone number  763-360-7603

8.  **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer      JOE DROOGSMA

Mailing Address   128 E GOLDEN LAKE LANE

                  CIRCLE PINES          MN  55014

                  CITY              STATE              ZIP CODE

Title or Position

TREASURER                                  Telephone number  763-360-7603

Full Name of
Designated
Agent

Mailing Address

CITY                                    STATE                            ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WELLS FARGO

Mailing Address          5950 RICE CREEK PARKWAY

SHOREVIEW                              MN 55126-

CITY                                    STATE                            ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY                                    STATE                            ZIP CODE

# UNITED STATES POSTAL SERVICE

## PRIORITY MAIL

Flat Rate Mailing Envelope

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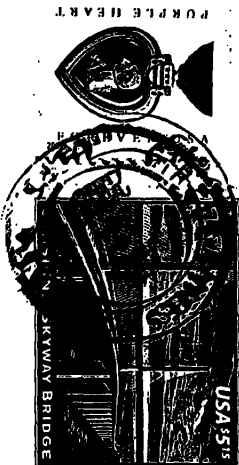1302111205T

Mr. Joel Droogsma
128 E. Golden Lake Ln.
Circle Pines, MN 55014-1726

To/Destinataire:
FEDERAL ELECTION COMM.
999 E. STREET NW
WASHINGTON, D.C. 20463

Country of Destination/Pays de destination:

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USA 5¢15

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| ☐ Other (Specify): | **Date of Receipt or Postmarked** |

PREPARER

DATE PREPARED 8/27/13

(8/2013)