| Image# | 28994344202 |
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|--------|-------------|

| FEC<br>FORM 1                   | STATEMENT<br>ORGANIZATIO<br>(See instructions)     | -   | Office use only              |
|---------------------------------|--|---|------------------------------|
| 1. NAME OF<br>COMMITTEE (in     | iull) (Check if name E<br>is changed) or           | xample: If typying, type<br>/er the lines   | 12FE4M5                      |
| MillerCoors LI                  | .C PAC   |   |                              |
|                                 |  |   |                              |
| ADDRESS (number and s           | ess  |   |                              |
|                                 | Washington   |   |                              |
| COMMITTEE'S E-MAI               |  | <b>▲</b>  | STATE▲ ZIP CODE ▲            |
| richard.crawfo                  | rd@millercoors.com                                 |   |                              |
|                                 |  |   |                              |
| COMMITTEE'S WEB                 | PAGE ADDRESS (URL)                                 |   |                              |
|                                 |  |   |                              |
|                                 |  |   |                              |
| COMMITTEE'S FAX N<br>2027370951 |  |   |                              |
| 2. DATE <b>1 2</b>              | / D D / Y Y Y Y<br>22 2008                         |   |                              |
| 3. FEC IDENTIFICA               | TION NUMBER  | 00457697  |                              |
| 4. IS THIS STATEM               | ENT X NEW (N) OR                                   | AMENDED (A)   |                              |
| I certify that I have exami     | ned this Statement and to the best of my knowledge | and belief it is true, correct and  | i complete                   |
| Type or Print Name of           | Treasurer Mr. Timothy H. Scully                    | , Jr.   |                              |
| Signature of Treasurer          | Electronically Filed by Mr. Timothy H.             | Scully, Jr.   | Date 12 / 22 / Y Y Y<br>2008 |
| NOTE: Submission of fal         | se, erroneous, or incomplete information may subje |   |                              |
| Office<br>Use<br>Only           |  | For further information of<br>Federal Election Commissi<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                              |

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|      | FEC F                        | Form 1 (Revised 12/2007)  | Page 2                                  |
|------|------------------------------|---|---|
| 5. T | TYPE OF CO                   | DMMITTEE (Check One)  |   |
| C    | Candidate C                  | 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 th information below.)  | e candidate                             |
|      | Name of<br>Candidate         |   |   |
|      | Candidate<br>Party Affiliati | on Office Sought: House Senate President  | State                                   |
| (    | (c)                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |   |
|      | Name of<br>Candidate         |   |   |
|      | Party Comm                   | (National, State  | (Democratic,<br>Republican,etc.) Party. |
| F    | Political Act                | ion Committee (PAC):  |   |
| (    | (e) X                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected  | organization is a:                      |
|      |                              | X Corporation Corporation w/o Capital Stock Lab   | or Organization                         |
|      |                              | Membership Organization Trade Association Cod   | operative                               |
|      | (f)                          | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)   | fund or party                           |
|      |                              | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |   |
| J    | oint Fundra                  | aising Representative:  |   |
|      | (g)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political                          |
|      | (h)                          | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or<br>committees/organizations, none of which is an authorized committee of a federal candidate.      | more political                          |

Committees Participating in Joint Fundraiser

| 1. |                                 | FEC ID number | C |
|----|---------------------------------|---------------|---|
| 2. | $\lfloor \ldots \ldots \rfloor$ | FEC ID number | C |
| 3. |                                 | FEC ID number | C |
| 4. |                                 | FEC ID number | C |
| 5. |                                 | FEC ID number | C |

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|------------------------------|--------|
| Write or Type Committee Name |        |

MillerCoors LLC PAC

| Mailing Address   | 3939 West Highland Bo  |                                 |                            |
|---|--|---------------------------------|----------------------------|
|   |  |                                 |                            |
|   | Milwaukee  |                                 | 53208 _                    |
|   | СІТҮ   | STATE 🛦                         | ZIP CODE 🔺                 |
| Relationship:   |  |                                 | E de la la la la Decenaria |
| X Connected Organ   | s: Identify by name, address, (phone numbe<br>mittee books and records.  |                                 | Fundraising Representat    |
| Connected Organ Custodian of Record possession of Com Full Name   | s: Identify by name, address, (phone numbe<br>mittee books and records.<br>Mr. Richard Crawford                                    |                                 |                            |
| Connected Organ   | s: Identify by name, address, (phone numbe<br>mittee books and records.  |                                 |                            |
| Connected Organ Custodian of Record possession of Com Full Name   | Is: Identify by name, address, (phone number<br>mittee books and records.<br>Mr. Richard Crawford<br>1501 M Street NW              |                                 |                            |
| X       Connected Organ         Custodian of Record possession of Com         Full Name         Mailing Address | Is: Identify by name, address, (phone number<br>mittee books and records.<br>Mr. Richard Crawford<br>1501 M Street NW<br>Suite 330 | r optional), and position of th | e person in                |

| Mailing Address     | 1501 M Street NW |                  |         |
|---------------------|------------------|------------------|---------|
| _                   | Suite 330        |                  |         |
| _                   | Washington       | DC               | 20005   |
| Title or Position ♥ | СІТУ 🛦           | STATE            |         |
| Treasurer           |                  | Telephone number | 7374444 |

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|--|--|---------------------------|----------------------|
| Full Name of<br>Designated<br>Agent                    | Mr. Richard Crawford   |                           |                      |
| Mailing Address  | 1501 M Street  |                           |                      |
|  | Suite 330  |                           |                      |
|  | Washington   | DC                        | 20005                |
| Title or Position ▼                                    | CITY A   | STATE 🛦                   |                      |
| Custod   | lian of Records Telepho  | one number                | 7374444              |
|  | naintains funds.<br>y, etc.<br>nain Bridge Bank  | nmittee deposits funds, h | olds accounts, rents |
| safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.  | nmittee deposits funds, h |                      |
| safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br><b>nain Bridge Bank</b><br><b>1445-A Laughlin Avenue</b><br><b>1445-A Laughlin Avenue</b><br>McLean |                           |                      |
| safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br>1445-A Laughlin Avenue<br>McLean<br>CITY A  |                           |                      |
| safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br>1445-A Laughlin Avenue<br>McLean<br>CITY A  |                           |                      |
| safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br>1445-A Laughlin Avenue<br>McLean<br>CITY A  |                           |                      |
| Safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br>1445-A Laughlin Avenue<br>1445-A Laughlin Avenue<br>McLean<br>y, etc.                               |                           |                      |
| Safety deposit boxes or ma<br>Name of Bank, Depository | naintains funds.<br>y, etc.<br>1445-A Laughlin Avenue<br>1445-A Laughlin Avenue<br>McLean<br>y, etc.                               | <pre></pre>               |                      |

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

| Banks or Other Depositories<br>safety deposit boxes or maintai |   | mittee deposits funds, holds | s accounts, rents                  |
|--|---|------------------------------|------------------------------------|
| Name of Bank, Depository, etc.                                 |   | [                            | ADDITIONAL ]                       |
|  |   |                              |                                    |
| Mailing Address  |   |                              |                                    |
|  |   |                              |                                    |
|  |   |                              |                                    |
|  |   | STATE <b>⊿</b>               | ZIP CODE                           |
| Name of Any Connected Org                                      | anization, Affiliated Committee, Leadership PAC Spo | onsor or Joint Fundraisin    | [ ADDITIONAL ]<br>g Representative |
| Coors Bewing Company   | - Political Action By Coors Employees               |                              |                                    |
|  |   |                              |                                    |
| Mailing Address  | 1501 M Street NW                                    |                              |                                    |
|  | Suite 330   |                              |                                    |
|  | Washington  |                              | 20005                              |
|  |   |                              |                                    |
| Relationship:  | CITY  | STATE 🛦                      | ZIP CODE                           |
| Connected Organization   | X Affiliated Committee Leadership PAC Sp            | oonsor Joint Fundr           | aising Representative              |
| Designated Agent   |   |                              | [ ADDITIONAL ]                     |
| Full Name  |   |                              |                                    |
| Mailing Address  |   |                              |                                    |
| Maining Address  |   |                              |                                    |
|  |   |                              |                                    |
|  |   |                              |                                    |
| Title or Position ▼  | CITY A  | STATE                        |                                    |
|  | Telep   | bhone number                 |                                    |
| Joint Fundraiser Participant                                   |   |                              | [ ADDITIONAL ]                     |
|  |   | FEC ID number C              |                                    |
|  |   | FEC ID number                |                                    |

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

| safety deposit boxes or maint |   |                        | [ ADDITIONAL ]          |
|-------------------------------|---|------------------------|-------------------------|
| Name of Bank, Depository, e   | ic.   |                        |                         |
|                               |   |                        |                         |
| Mailing Address               |   |                        |                         |
|                               |   |                        |                         |
|                               |   |                        |                         |
|                               |   |                        |                         |
|                               | CITY 🗖  | STATE <b>⊿</b>         | ZIP CODE 🔺              |
| Name of Any Connected O       | rganization, Affiliated Committee, Leadership PAC Spo | nsor or loint Fundrais | [ ADDITIONAL            |
| Miller Brewing Compa          |   |                        | ing nepresentative      |
|                               |   |                        |                         |
|                               |   |                        |                         |
| Mailing Address               | 3939 West Highland Boulevard                          |                        |                         |
| J.                            |   |                        |                         |
|                               | , Milwaukee   | WI                     | 53208 , ,               |
|                               |   |                        |                         |
| ationship:                    | CITY  | STATE 🛦                | ZIP CODE 🔺              |
| Connected Organization        | X Affiliated Committee Leadership PAC Spe             | onsor Joint Fun        | draising Representative |
| Designated Agent              |   |                        | [ ADDITIONAL ]          |
|                               |   |                        |                         |
| Full Name                     |   |                        |                         |
| Mailing Address               |   |                        |                         |
|                               |   |                        |                         |
|                               |   |                        | _                       |
|                               |   |                        |                         |
| Title or Position ♥           | CITY A  | STATE                  | ZIP CODE 🛦              |
|                               | Telep   | hone number            |                         |
|                               |   |                        |                         |
| Joint Fundraiser Participar   |   |                        | [ ADDITIONAL ]          |