

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

ADDRESS (number and street) 655 15TH STREET NW

SUITE 900

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00255216

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) |                                       |

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

- (d) 30-Day Post -Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2008 through 03 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marc J. Gerson

Signature of Treasurer Electronically Filed by Marc J. Gerson Date 04 08 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		31238.39
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	31238.39									
(c) Total Receipts (from Line 19) .....	9457.84	9457.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	40696.23	40696.23								
7. Total Disbursements (from Line 31) .....	5046.88	5046.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35649.35	35649.35								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7721.80	7721.80
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1736.04	1736.04
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9457.84	9457.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	9457.84	9457.84
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	9457.84	9457.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9457.84	9457.84

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	46.88	46.88
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5046.88	5046.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5046.88	5046.88

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9457.84	9457.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9457.84	9457.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. James Altman		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5289
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 300.00	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 29 / 2008
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5275
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 437.51
		<input type="text"/> 593.76	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Marianna Dyson		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2008
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5291
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 296.88
		<input type="text"/> 890.64	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 834.39
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Rocco Femia		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5276
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 152.50
		<input type="text"/> 250.00	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Rocco Femia		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5292
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 375.00	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. F. David Foster		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5245
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.66
		<input type="text"/> 416.66	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>694.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mr. F. David Foster</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Miller &amp; Chevalier Chartered</p> <p>Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">833.32</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5277</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.66</span></p> <p>Payroll Deduction</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. F. David Foster</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Miller &amp; Chevalier Chartered</p> <p>Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1249.98</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 3 / 3 1 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5293</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">416.66</span></p> <p>Payroll Deduction</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs</p> <p>Mailing Address Miller &amp; Chevalier Chartered 655 15th St NW Suite 900</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Miller &amp; Chevalier Chartered</p> <p>Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">343.75</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 1 / 3 1 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5246</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">343.75</span></p> <p>Payroll Deduction</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1177.07</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Transaction ID: SA11AI.5278
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 812.50	<input type="text"/> 468.75
			Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Lawrence B Gibbs		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Transaction ID: SA11AI.5294
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 1218.75	<input type="text"/> 406.25
			Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Jones		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Transaction ID: SA11AI.5279
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 343.76	<input type="text"/> 210.95
			Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1085.95
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Maria Jones	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address Miller & Chevalier Chartered 655-15th St NW Ste 900	Transaction ID: SA11AI.5295
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 171.88
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 515.64	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel Luchsinger	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	Transaction ID: SA11AI.5280
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Daniel Luchsinger	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	Transaction ID: SA11AI.5296
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 187.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 562.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>578.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) mr Samuel Maruca	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5281
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 140.62
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 328.12	

<b>B.</b>	Full Name (Last, First, Middle Initial) mr Samuel Maruca	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5297
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 164.06
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 492.18	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	<b>Transaction ID:</b> SA11AI.5282
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>523.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. C Frederick Oliphant, III	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900	Transaction ID: SA11AI.5298
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 187.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Quintiere	Date of Receipt MM / DD / YYYY 02 / 29 / 2008
	Mailing Address Miller & Chevalier 655 15th St NW Ste 900	Transaction ID: SA11AI.5283
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Quintiere	Date of Receipt MM / DD / YYYY 03 / 31 / 2008
	Mailing Address Miller & Chevalier 655 15th St NW Ste 900	Transaction ID: SA11AI.5299
	City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 187.50
	FEC ID number of contributing federal political committee. <b>C</b>	Payroll Deduction
	Name of Employer Miller & Chevalier Chartered Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>593.75</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5284
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 281.25	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 437.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Mark Rochon		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 3 / 3 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5300
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 218.75	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 656.25	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Stephen Schneider		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5285
	C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 189.59	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 243.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 689.59
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5286
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.53"/>
		<input type="text" value="233.34"/>	Payroll Deduction

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Lou Soller		Date of Receipt
	Mailing Address Miller & Chevalier 655-15th St NW Ste 900		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5301
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="116.67"/>
		<input type="text" value="350.01"/>	Payroll Deduction

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5255
Name of Employer Miller & Chevalier Chartered		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="218.75"/>
		<input type="text" value="218.75"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="435.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5287
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.01	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 468.76		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Patricia Sweeney		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5302
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		234.38	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 703.14		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr Anthony J Trenga		Date of Receipt	
	Mailing Address Miller & Chevalier Chartered 655 15th St NW Suite 900		M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5256
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		208.33	
Name of Employer Miller & Chevalier Chartered		Occupation Attorney		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.33		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>692.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 19  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC')

**A.** Full Name (Last, First, Middle Initial)  
Mr Anthony J Trenga

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.66

Date of Receipt MM / DD / YYYY  
02 / 29 / 2008

Transaction ID: SA11AI.5288

Amount of Each Receipt this Period 208.33

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr Anthony J Trenga

Mailing Address Miller & Chevalier Chartered  
655 15th St NW Suite 900

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer Miller & Chevalier Chartered Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 624.99

Date of Receipt MM / DD / YYYY  
03 / 31 / 2008

Transaction ID: SA11AI.5303

Amount of Each Receipt this Period 208.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... ► 416.66

**TOTAL** This Period (last page this line number only) ..... ► 7721.80



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.5270 Date of Disbursement 03 / 17 / 2008
	Mailing Address P.O. Box 9336	Amount of Each Disbursement this Period 1000.00
	City Fargo State ND Zip Code 58106	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M-PAC	Transaction ID: SB23.5265 Date of Disbursement 02 / 28 / 2008
	Mailing Address 607 14th Street N.W. Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD E NEAL FOR CONGRESS COMMITTEE	Transaction ID: SB23.5268 Date of Disbursement 02 / 29 / 2008
	Mailing Address 76 MAGNOLIA TERRACE	Amount of Each Disbursement this Period 1000.00
	City SPRINGFIELD State MA Zip Code 01108	
	Purpose of Disbursement Contribution Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 19

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) <b>SALAZAR FOR SENATE</b>	<b>Transaction ID: SB23.5259</b>
	Mailing Address <b>PO BOX 600</b>	Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2008</b>
	City <b>DENVER</b> State <b>CO</b> Zip Code <b>80201</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) <b>VISCLOSKY FOR CONGRESS</b>	<b>Transaction ID: SB23.5261</b>
	Mailing Address <b>P.O. Box 10003</b>	Date of Disbursement MM / DD / YYYY <b>02 / 26 / 2008</b>
	City <b>Merrillville</b> State <b>IN</b> Zip Code <b>46411</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**2000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**5000.00**

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
MILLER & CHEVALIER CHARTERED POLITICAL ACTION COMMITTEE ('MILLER & CHEVALIER PAC-')

A.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.5238 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement Account Analysis Fee	<input type="text" value="13.61"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.5264 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement Account Analysis Fee	<input type="text" value="13.91"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SunTrust Bank	Transaction ID: SB29.5305 Date of Disbursement
	Mailing Address P.O. Box 622227	<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period
	Purpose of Disbursement Account Analysis Fee	<input type="text" value="19.36"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="46.88"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="46.88"/>