FEC FORM 1

STATEMENT OF ORGANIZATION

Jay 1,

| _ | | (Se | e instructions) | | | Office use only |
|------|-------------------------------|------------------------------------|---|--|--------------------------|--|
| 1. | NAME OF COMMITTEE (in t | full) (Check is change | f name Exa ed) ove | ample: If typying, type er the lines | 12FE4M5 | |
| L | Friends of Jeff | Miller for Congress | · | | | |
| ىا | | | | 111111 | | |
| ΑD | DRESS (number and s | treet) PO Box 984 | | | | |
| П | (Check if address | | | | | ليبيبين |
| LJ | is changed) | Willows | | | CA | 95988 |
| | | | CITY | | STATE | ZIP CODE |
| СО | MMITTEE'S E-MAI | L ADDRESS (Please provide | only one e-mail a | ddress) | | |
| П | (Check if address is changed) | treasurerlaw | rler@sbcglobal. | .net | | |
| L_J | is changed) | | <u> </u> | | | |
| | • • • • | e some maken. | | | | rangi na Kabupatèn Palangi Panggarangan |
| co | MMITTEE'S WEB I | PAGE ADDRESS (URL) | | | | |
| П | (Check if address is changed) | | | | سينس | ليستبسيا |
| 2/ | Barren | <u> </u> | | -1-1-1-1-1-1- | | <u> </u> |
| : | | | | | | |
| 2. | DATE 0.6 | 24 20.11 | · | | | |
| 3. | FEC IDENTIFICA | TION NUMBER | C | | | |
| 4. | IS THIS STATEM | ENT X NEW(N) | or [| AMENDED (A) | nondi | |
| ٠. | 13 IMISSIAILM | CIVI MACONI INC. | ON j | | | |
| | No. 2 C | | | A ballagia in Anna | | |
| i ce | ruiy triat i nave examir | ned this Statement and to the bes | or my knowledge and | b belief it is true, correct and | a complete | |
| Тур | e or Print Name of | Treasurer Kelly La | wler | | | |
| | | D1000 | 'All | 41001 | ועיעו | / - |
| Sig | nature of Treasure | nucy | 1 July | www. | Date QQ | 29 2011 |
| NO | TE: Submission of fals | e, erroneous, or incomplete inform | nation may subject th | e person signing this Stater | nent to the penalties of | 2 U.S.C. §437g. |
| . : | 25 114 | | | HOULD BE REPORTED | | |
| | Office Use Only | | 7 | For further information Federal Election Commis Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |
| | | | | Local 202-694-1100 | | • |

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|------------|----------------------------|--|---|--|--|--|--|
| 5. T | YPE OF C | OMMITTEE (Check One) | | | | | |
| C | andidate (| Committee: | | | | | |
| (8 | | 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 | Jeffrey Miller | | | | | |
| - | Candidate Party Affilia | ion REP Office X House Senate President | State CA District 00 | | | | |
| (| c) [| This committee supports/opposes only one candidate, and is NOT an authorized committee. | + Note District not yet number | | | | |
| | Name of Candidate | | | | | | |
| P | arty Comr | www.commonstature.commonstatur | | | | | |
| (| d) [] | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | | |
| F | Political Ac | tion Committee (PAC): | | | | | |
| (| e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | nected organization is a: | | | | |
| | Shuma P | Corporation Corporation w/o Capital Stock La | bor Organization | | | | |
| | | | ooperative | | | | |
| | | 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. | | | | | |
| | | transf | | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| Jo | oint Fundr | aising Representative: | • | | | | |
| (g) (h) | (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | wo or more political | | | | |
| | (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | | |
| | | 1 FEC ID number C | | | | | |
| | | 2. FEC ID number C | | | | | |
| | | 3. FEC ID number | one facilities and the second | | | | |
| | | FEC ID number | | | | | |

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|----------------------------------|--|--------------------------------|----------------------------|
| Write or Type Committee N | ame | | |
| Friends of Jeff Mille | r for Congress | | |
| 6. Name of Any Connecto | ed Organization, Affiliated Committee, Joint Fundr | raising Representative, or Lea | dership PAC Sponsor |
| NONE | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | با ليا ليب | |
| | CITYA | STATE | ZIP CODE |
| Relationship: Connected Organiz | ation Affiliated Committee Joint F | undraising Representative | Leadership PAC Sponsor |
| - | ittee books and records. Ily Lawler PO Box 984 | | |
| | Willows | CA | 95988 _ |
| Title or Position♥ Treas | CITY A | STATE Telephone number 530 | ZIP CODE A - 934 - 5823 |
| name and address o | ame and address (phone number optional) of fany designated agent (e.g., assistant treasure | | ee; and the |
| Mailing Address | PO Box 984 | | |
| | Willows | CA | 95988 _ |
| Title or Position♥ | CITY ▲ | STATE | ZIP CODE A |
| Treas | urer | Telephone number 530 | _ 934 _ 5823 |

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|--|----------------|---------------|----------------|--|--|
| Full Name of Designated Agent | | | | | |
| Mailing Address | | | | | |
| Title or Position♥ | CITY A | STATE A | ZIP CODE A | | |
| | Tel | ephone number | | | |
| 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. Tri Counties Bank | | | | | |
| Mailing Address | 210 N Tehama | | | | |
| | Willows CITY A | CA STATE △ | 95988 ZIP CODE | | |
| Name of Bank, Depository, etc. | | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | ا ليا ليب | | | |
| | CITY 4 | STATE 4 | ZIP CODE | | |

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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** 6 125/4 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

(3/2005)