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FEC MAIL CENTER

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Solomon for Congress Committee

ADDRESS (number and street)

Post Office Box 150775

(Check if address is changed)

San Rafael

CA

94915

-0775

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

Treasurer@SolomonForCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.SolomonForCongress.com

2. DATE 04 / 11 / 2011

3. FEC IDENTIFICATION NUMBER

C

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 Ralph I. Miller

Signature of Treasurer

Date

04 / 11 / 2011

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 02/2009)

11030591501

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 Norman Solomon

Candidate Party Affiliation Dem Office Sought:  House  Senate  President State CA  
 District 06

- (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

11030591502

Write or Type Committee Name

Solomon for Congress Committee

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Ralph J. Miller

Mailing Address

2 Tamal Vista Lane

Kentfield

CA

94904

1006

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

415

925

1077

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

Ralph J. Miller

Mailing Address

2 Tamal Vista Lane

Kentfield

CA

94904

1006

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

415

925

1077

11030591503

Full Name of Designated Agent

Ralph I. Miller

Mailing Address

2 Tamal Vista Lane

Kentfield

CITY

CA

STATE

94904

ZIP CODE

-1006

Title or Position

Treasurer

Telephone number

415

-925

-1077

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.

Union Bank (previously Tamalpais Bank)

Mailing Address

575 Sir Francis Drake Boulevard

Greenbrae

CITY

CA

STATE

94904

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

POSTED 11/20/09

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*[Signature]*

PREPARER  
(3/2005)

*4/12/11*  
DATE PREPARED

11030591505