

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Rob Miller for Congress

ADDRESS (number and street)

1219 Scotts Street

(Check if address is changed)

Beaufort

SC

29902-1554

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rmcfiec@robmillierforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.robmillierforcongress.com

COMMITTEE'S FAX NUMBER

843-522-1449

2. DATE

02 / 27 / 2008

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

Jean Hitt ALGAR

Signature of Treasurer

Jean Hitt Algar

Date

02 / 27 / 2008

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 12/2007)

28039651506

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 Robert Laurianson Miller

Candidate Party Affiliation DEM Office Sought: House Senate President State SC District 02

- (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
- (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 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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____
5.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

Rob Miller for Congress, Inc.

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

Saaria Naurimäki

Mailing Address

219 Scotts Street

Benifort

SC

29902-1554

CITY

STATE

ZIP CODE

Title or Position

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

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

Joan Hittig

Mailing Address

1014 Lansing Drive

Mount Pleasant

SC

29464-1311

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

843-184-7886

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Full Name of Designated Agent

Saria Narumi

Mailing Address

219 Scotts Street

[Empty address line]

Beaufort

CITY

SC

STATE

29902-5554

ZIP CODE

Title or Position

Finance Director

Telephone number

646-279-5777

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.

South Carolina Bank and Trust

Mailing Address

1189 Sea Island Parkway

[Empty address line]

Lady's Island

CITY

SC

STATE

29907-1503

ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty address line]

CITY

STATE

ZIP CODE

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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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3/5/08

PREPARER
(3/2005)

DATE PREPARED

28039651510