FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		SANIZA (See instruction			
1. NAME OF	(Che	eck if name	Example: If typying, type		Office use only
COMMITTEE (in	full) is ch	anged)	over the lines	12FE4M5	
MILLER & CH	EVALIER CHARTERE	D POLITICAL	. ACTION COMMITTEE ('I	VIILLER & CHE-	
			11111111		
ADDRESS (number and	street) 655 15TH	STREET NV	V 		
(Check if add	SUITE 90	0			
is changed)	WASHIN	GTON		DC	20005 5701
			CITY	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	ing@milchev.com				1
<u> </u>	1 4 - 1 1 1 1 1 1				
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
			11111111		
COMMITTEE'S FAX I 2026265801	NUMBER				
2. DATE M 1	M / D D / Y Y 2 0 2 6	006			
3. FEC IDENTIFICA	ATION NUMBER	C	C00255216		
4. IS THIS STATEM	MENT NEW (N)	OR	X AMENDED (A)		
I certify that I have exam	ined this Statement and to the	e best of my know	rledge and belief it is true, correct a	and complete	
Type or Print Name of	TreasurerAnge	la B. Styles			
Signature of Treasure	r Electronically Filed by	Angela B. S	Styles	Date 12	26 Y 2006
NOTE: Submission of fa	•	-	subject the person signing this Sta	·	-
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530	ssion	FEC FORM 1 (Revised 02/2003)

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5.	TYPE OF COMMITTEE (Check One)				
	(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				
	Party Affiliation Sought: House Senate President	State			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		nocratic, iblican,etc.) Party.			
3. 	Name of Any Connected Organization or Affiliated Committee Miller & Chevalier Chartered				
_	Mailing Address 655 Fifteenth Street, NW				
	Washington DC 2000	95]			
	CITY STATE ZI	P CODE A			
	Relationship Connected Org.				
	Type of Connected Organization:				
	X Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization Trade Association Cooperative				

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Write or Type Committee Name

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	Angela B. Styles				
	Mailing Address	Miller &	Chevalier Chartere	ed		
		655 Fifte	enth St, NW			
		Washing	ton	DC	20005	
	Title or Position ▼		CITY A	STATE	ZIP C	ODE A
	Trea	surer		Zelephone number	02 626	1573
8.		name and address (phone nu of any designated agent (e.g.			ommittee; and the	e
	Full Name of Treasurer	Angela B. Styles				
	Mailing Address	Miller &	Chevalier Chartere	ed		
		655 Fifto	enth St. NW			

Title or Position ♥		CITY A	STATE ▲	ZIP CODE A
т	reasurer		Telephone number 202	
Full Name of Designated Agent	Angela B. Styles			
Mailing Address		Miller & Chevalier Char	tered	
		655 Fifteenth St, NW		
		Washington	DC	20005
Title or Position ♥		CITY A	STATE A	ZIP CODE A
т	reasurer		Telephone number 202	626 1573

Washington

DC

20005 -

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9.	Banks or Other Depositories: safety deposit boxes or maintains Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deposits funds, holds account funds.	s, rents
	SunTrus Mailing Address	et Bank P.O. Box 622227	
	L	Orlando FL 3286	62 ₋ 2227

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷