

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

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

ADDRESS (number and street)

655 15TH STREET NW

(Check if address is changed)

SUITE 900

WASHINGTON

DC

20005

5701

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

macpacreporting@milchev.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2026265801

2. DATE

MM / DD / YYYY  
06 / 12 / 2007

3. FEC IDENTIFICATION NUMBER

C C00255216

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

Marc J. Gerson

Signature of Treasurer

Electronically Filed by Marc J. Gerson

Date

MM / DD / YYYY  
06 / 14 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**Miller & Chevalier Chartered**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **655 Fifteenth Street, NW**

\_\_\_\_\_

**Washington** **DC** **20005**

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected Org.**

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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

- 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 **Marc J. Gerson**

Mailing Address **Miller & Chevalier Chartered**  
**655 Fifteenth Street, NW**  
**Washington DC 20005**

Title or Position ▼ **Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 626 1475**

- 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 **Marc J. Gerson**

Mailing Address **Miller & Chevalier Chartered**  
**655 Fifteenth Street, NW**  
**Washington DC 20005**

Title or Position ▼ **Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 626 1475**

Full Name of Designated Agent **Marc J. Gerson**

Mailing Address **Miller & Chevalier Chartered**  
**655 Fifteenth Street, NW**  
**Washington DC 20005**

Title or Position ▼ **Treasurer** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 626 1475**

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.

SunTrust Bank

Mailing Address

P.O. Box 622227

Orlando

FL

32862

2227

CITY ▲

STATE ▲

ZIP CODE ▲