

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 (Home or 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

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2026280858

2. DATE 06 / 17 / 2005

3. FEC IDENTIFICATION NUMBER C C00255216

4. IS THIS STATEMENT X 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 Angela B. Styles

Signature of Treasurer Electronically Filed by Angela B. Styles Date 06 / 22 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 5 empty columns for 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
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- (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
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- 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 Angela B. Styles

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 626 - 1573

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 Angela B. Styles

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 626 - 1573

Full Name of Designated Agent Angela B. Styles

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Treasurer Telephone number 202 - 626 - 1573

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 Δ

STATE Δ

ZIP CODE Δ