## 2017 - 04 - 03 - 05 - 00145041

FEC

## STATEMENT OF

RECEIVED FEC MAIL CENTER

FORM 1	ONGANIZATION	ZUITAPR -3 AM 7:19
		Office Use Only
NAME OF COMMITTEE (in full)	(Check if name Example: If typing, is changed) over the lines.	type 12FE4M5
COMMETTE	E TO ELECT LORETTA	+ Miller
<u> </u>	<del></del>	
ADDRESS (number and street	et) 1/6340 CAGANI OAKS	BLVO.
(Check if addres is changed)	SUITE 204	
•	CLERMONT	STATE A B4F14-L11
COMMITTEE'S E-MAIL AD	DDRESS	
(Check if addres is changed)	WURGIIIIIII	
	Optional Second E-Mail Address IFI HILL AM ARCCHAOLL CO	<u>M.,.,.</u>
COMMITTEE'S WEB PAGE	E ADDRESS (URL)	
(Check if addres is changed)	ss Lilia	
2. DATE 03.	20/2017	
3. FEC IDENTIFICATIO	ом мимвер • С	
4. IS THIS STATEMENT	NEW (N) OR AMEND	ED (A)
I certify that I have examin	ned this Statement and to the best of my knowledge an	d belief it is true, correct and complete.
Type or Print Name of Tre		
Signature of Treasurer	Marcus F Moley	Date 03 20 2017
NOTE: Submission of false,	erroneous, or incomplete information may subject the personance ANY CHANGE IN INFORMATION SHOULD BE RE	on signing this Statement to the penalties of 52 U.S.C. §30109. PORTED WITHIN 10 DAYS.
Office Use Only	1 1	

F	EC Fo	m 1 (Revised 02/2009)	Page 2
		DMMITTEE	
Candidate Committee:			
(a)	2	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name Candi		LORETTA MILLER	
Candi Party	idate Affiliatio	Office Sought: House Senate President	State District
(c)	Ø	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand		LORETTA MILLER !!!!!!!!!!!	
Part	y Con	mittee:	_
(d)	0	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization
		Corporation Corporation w/o Capital Stock	Labor Organizatio
			_
		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 committee. (i.e., nonconnected committee)	segregated fund or pa
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	it Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	
	Con	mittees Participating in Joint Fundraiser	
	Con	· ·	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.		
	4.		

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FEC Form 1 (Revised Write or Type Committee National Committee Nationa		Page 3
Committee National Committee	e to Elect CORETTA MAI	er
6. Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	<u>                                     </u>	 <u>                                      </u>
Mailing Address		
·		
	CITY STATE	ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Represent	2000
Custodian of Records: ke	dentify by name, address (phone number optional) and position of the	person in possession of committee
Full Name	RCUS F. MILLER	<u> </u>
Mailing Address	116340 CAGAN CARS BLU	
-	Suite 204	
	CLER MONT	134414-L.
Title or Position	CITY STATE	ZIP CODE
TREASURE	Telephone number	17-782-1483
8. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	e; and the name and address of
Full Name of Treasurer	RLUS, F. MILLER	
Mailing Address	16340, CAGAN OAKS, BLVD	
	#204	
,	CLERMONT STATE	ZIP CODE
Title or Position TRIEASURE	Telephone number	471-7821-14CE

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	Full Name of Designated Agent		
	Mailing Address		
		CITY STATE	ZIP CODE
	Title or Position		
		Telephone number	
).	Banks or Other safety deposit bo Name of Bank, I	r Depositories: List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	olds accounts, rents
		WELLS FARGO	
	Mailing Address	1650 E: HWY 50	
		CLERMONT FULL BY	744
		CITY STATE	ZIP CODE
	Name of Bank,	Depository, etc.	
		· <del></del>	
	Mailing Address		
		CITY STATE	ZIP CODE

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Federal Election Commission  ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  The FEC added this page to the end of this filing to indicate how it was received.			
Hand Delivered	Date of Receipt		
USPS First Class Mail  Postmarked  3/20/17	Date of Receipt 4/3/17		
USPS Registered/Certified	Postmarked (R/C)		
USPS Priority Mail	Postmarked		
USPS Priority Mail Express	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
	Next Business Day Delivery		
Received from House Records & Registration	Date of Receipt  Office		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
a-	4/3/17		
PREPÁRER   (3/2015)	DATE PREPARED		