

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

17 APR 19 AM 9:25

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Citizens for Joe Miller, Inc.

ADDRESS (number and street)

250 Cushman Street, Suite 2A

(Check if address is changed)

Fairbanks

CITY ▲

AK

STATE ▲

99701

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

2016@joemiller.us

Optional Second E-Mail Address

mdjohnson.ak@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.joeforliberty.com

2. DATE

04 / 15 / 2017

3. FEC IDENTIFICATION NUMBER ▶

C 00522730

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

Matthew Johnson

Signature of Treasurer

Matthew Johnson

Date

04 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

201704200200117046

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 Joe Miller

Candidate Party Affiliation ALP Office Sought: House Senate President State AK District

(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

In addition, this committee is a Lobbyist/Registrant PAC.

(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 Lobbyist/Registrant PAC.
- 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 C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

201704200200117047

Write or Type Committee Name

Citizens for Joe Miller, Inc.

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Matthew Johnson

Mailing Address

7640 US 31 South

Grawn

MI

49637

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

907

952

0362

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

Matthew Johnson

Mailing Address

7640 US 31 South

Grawn

MI

49637

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

907

952

0362

201704260200117048

Full Name of Designated Agent

William Olson, Esq.

Mailing Address

114 Creekside Lane

Winchester

CITY

VA

STATE

22602

ZIP CODE

-2429

Title or Position

Campaign counsel

Telephone number

540

450

8777

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.

Branch Banking & Trust Co. (BB&T)

Mailing Address

2200 Wilson Blvd Suite 100

Arlington

CITY

VA

STATE

22201

ZIP CODE

Name of Bank, Depository, etc.

First National Bank Alaska (FNBA)

Mailing Address

431 Merhar Ave

Fairbanks

CITY

AK

STATE

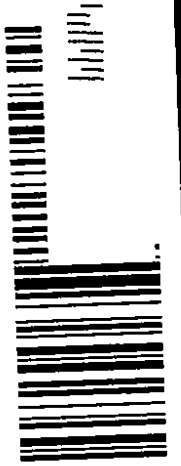
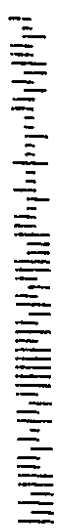
99701

ZIP CODE

201704200200117049

CERTIFIED MAIL

Citizens for Joe Miller
250 C St
Fairbanks
99701



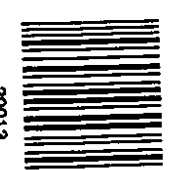
7026 2720 0000 9962 4946

SCREENED
BY THE SENATE
POST OFFICE

Office of Public Records
P O Box 77578
Washington, DC 20013-7758



1000



20013

U.S. POSTAGE
PAID
TRAVERSE CITY, MI
49684
APR 15 17
AMOUNT
\$4.75
R2305K137153-03

050211007002404102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark **4/15/17**

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

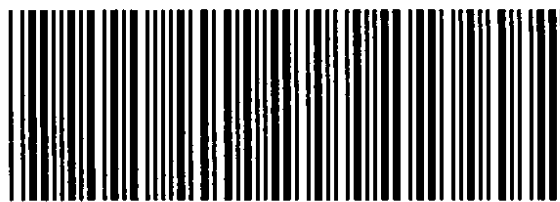
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

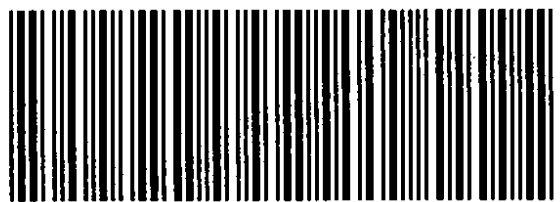
OTHER _____
Date of Receipt or Postmark

PREPARER **DH** DATE PREPARED **4-19-17**

201704200200117051



SEN PATCH



SEN PATCH

201704200200117052