PAGE 1/4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Technology Network (Technet) Federal PAC 400 Capitol Mall ADDRESS (number and street) Ste 1545 (Check if address is changed) Sacramento 95814 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@millerpoliticallaw.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00328369 FEC IDENTIFICATION NUMBER > 3. X 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. Miller, Russell, , , Type or Print Name of Treasurer Miller, Russell, , , [Electronically Filed] 06 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE	i uyo 🚣				
Can	ndidate	didate Committee:					
(a)	Ш	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. (Con information below.)	nplete the candidate				
Nam Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(Domooratia				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

	FFC Form 1 (Revised 02/2009)	Page 3						
W	/rite or Type Committ		. ago 🐱						
	Technology Network (Technet) Federal PAC								
6.		nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rshin PAC Sponsor						
			iship i no opolisoi						
	echnology Net	work 							
L									
	Mailing Address	4633 Old Ironsides Dr							
	J J	Ste 310							
		Santa Clara CA 95054							
		CITY STATE	ZIP CODE						
	Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor						
' .	Custodian of Reco books and records.	ords: Identify by name, address (phone number optional) and position of the person in p	ossession of committee						
	C	Olson, Meagan, , ,	1						
	Full Name	,400 Capitol Mall							
	Mailing Address	Ste 1545							
		Sacramento CA 95814							
	Title or Position	CITY STATE	ZIP CODE						
	Custodian of Recor	rds 916 - Lance 916 - Lance 916 - Lance 916 - Lance 916 - Lance 916 - Lance 916	254 - 5180						
3.		name and address (phone number optional) of the treasurer of the committee; and the r nt (e.g., assistant treasurer).	name and address of						
	Full Name M	Miller, Russell, , ,							
	of Treasurer								
	Mailing Address	20 Park Rd Ste E							
		Burlingame CA 94010							
	Title or Position	CITY STATE	ZIP CODE						
	Treasurer		401 - 8735						

FEC Form 1 (Revised	1 0 2 / 2009)	Page 4				
Full Name of Designated Olson, Rebecca, , , Agent Uson, Rebecca, , ,						
Mailing Address	400 Capitol Mall					
	Ste 1545					
	Sacramento CITY STATE ZIP	CODE				
Title or Position Assistant Treasurer		5180				
Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e U.S. Ba	ank 621 Capitol Mall Suite 110	ecounts, rents				
	Sacramento CA 95814					
	CITY STATE ZIP	CODE				
Name of Bank, Depository, etc.						
Ι		, , , , , , I				
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
maining Addicas	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		_				
	CITY STATE ZIP	P CODE				