

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Technology Network (Technet) Federal PAC

ADDRESS (number and street)

400 Capitol Mall

☒ (Check if address is changed)

Ste 1545

Sacramento

CITY ▲

CA

STATE ▲

95814

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

info@millerpoliticallaw.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

06 / 22 / 2018

3. FEC IDENTIFICATION NUMBER ►

C C00328369

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 Miller, Russell, , ,

Signature of Treasurer Miller, Russell, , ,

[Electronically Filed]









Date

06 / 22 / 2018

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Technology Network (Technet) Federal PAC**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Technology Network

Mailing Address

4633 Old Ironsides Dr

Ste 310

Santa Clara

CA

95054

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

Olson, Meagan, , ,

Mailing Address

400 Capitol Mall

Ste 1545

Sacramento

CA

95814

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

916

254

5180

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

Miller, Russell, , ,

Mailing Address

20 Park Rd Ste E

Burlingame

CA

94010

CITY

STATE

ZIP CODE

Title or Position
Treasurer

Telephone number

650

401

8735

Full Name of
Designated
Agent

Olson, Rebecca, , ,

Mailing Address

400 Capitol Mall

Ste 1545

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

916

254

5180

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.

U.S. Bank

Mailing Address

621 Capitol Mall

Suite 110

Sacramento

CA

95814

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE