

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Miller for Congress

ADDRESS (number and street) (Check if address
is changed) PO Box 942Helena
CITY ▲MT
STATE ▲59624
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

bmiller@mswdlaw.com

Optional Second E-Mail Address
pamela@mswdlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

www.miller4congress.com

2. DATE

MM / DD / YY
10 / 09 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00922831

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 Chriske, Pamela, Jean, , Mrs.

Signature of Treasurer Chriske, Pamela, Jean, , Mrs.

Date

MM / DD / YY
10 / 09 / 2025NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Miller for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****NONE**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Chriske, Pamela, Jean, , Mrs.

Full Name

7 Lava Mtn Ct.

Mailing Address

Clancy

MT

59634

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

406 - 442 - 3261

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

Chriske, Pamela, Jean, , Mrs.

Mailing Address

7 Lava Mtn Ct.

Clancy

MT

59634

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

406 - 442 - 3261

Full Name of
Designated
Agent

Miller, Brian, James, , Mr.

Mailing Address

PO Box 557

Helena

MT

59624

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Attorney/Candidate

Telephone number

406

442

3261

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.

Intrepid Credit Union

Mailing Address

915 Kessler St

Helena

MT

59601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲