

OFFICE USE ONLY  
FEB 25 A 8 56

**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. 12PB4M5

Tony Miller for Congress

ADDRESS (number and street)

2813 Newburg Road

(Check if address is changed)

Louisville

KY

40205

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

502 - 589 - 2706

2. DATE 11 20 2003

3. FEC IDENTIFICATION NUMBER C

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 James A. Bentley CPA

Signature of Treasurer [Signature] Date 11 20 2003

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.

5. TYPE OF COMMITTEE (Check One)

- (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 Paul A. Miller, Jr.

Candidate Party Affiliation Dem Office Sought:  House  Senate  President State KY District 3

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

(e)  This committee is a separate segregated fund.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation                      Corporation w/o Capital Stock                      Labor Organization
- Membership Organization                      Trade Association                      Cooperative

Write or Type Committee Name

Tony Miller for Congress

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 James A. Bentley, CPA

Mailing Address 1018 S. 4th St.  
Room 100  
Louisville KY 40203

Title or Position  CITY STATE ZIP CODE  
Treasurer 502 589 7764

Telephone number

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 James A. Bentley

Mailing Address 1018 S. 4th St.  
Room 100  
Louisville KY 40203

Title or Position  CITY STATE ZIP CODE  
Treasurer 502 589 7764

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position  CITY STATE ZIP CODE

Telephone number

a. 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.

Fifth Third Bank

Mailing Address

401 S. 4th Ave.

Louisville

KY

40202

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input checked="" type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C) 11-20-03
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
<i>Jim V</i> PREPARER		11-20-03 DATE PREPARED