

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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2006 APR 10 A 8:46

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MILES CONGRESS 51

ADDRESS (number and street)

940 N 14TH ST

(Check if address  
is changed)

ELEMENTO

CA

92243-1750

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BLAKE\_MILES@SBGLOBAL.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

760-370-0315

2. DATE

03 10 2006

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

NEW (N)

OR

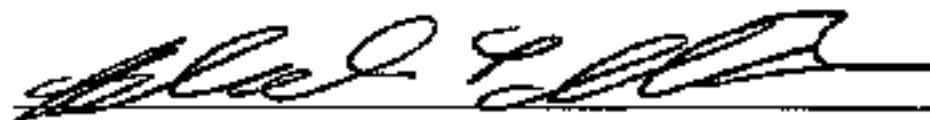
AMENDED (A)

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

Blake L. Miles

Signature of Treasurer



Date

03 10 2006

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  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-684-1100

FEC FORM 1  
(Revised 02/2003)

## 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

Blake L Miles

Candidate Party Affiliation

REP

Office Sought:

☒

House

Senate

President

State

CA

District

51

- (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

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 BLAKE L MILES

Mailing Address 940 N 14TH ST  
EL CENTRO CA 92243-1750

Title or Position TREASURER CITY EL CENTRO STATE CA ZIP CODE 92243-1750

Telephone number 760-353-4663

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 BLAKE L MILES

Mailing Address 940 N 14TH ST  
EL CENTRO CA 92243-1750

Title or Position TREASURER CITY EL CENTRO STATE CA ZIP CODE 92243-1750

Telephone number 760-353-4663

Full Name of Designated Agent KRISTINA BAKER

Mailing Address 643 LENAEY AVE  
EL CENTRO CA 92243-

Title or Position ASSISTANT TREASURER CITY EL CENTRO STATE CA ZIP CODE 92243-

Telephone number 760-482-0391

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.

SUN COMMUNITY FEDERAL CREDIT UNION

Mailing Address

PO BOX 4210

EL CENTRO CA 92243

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 FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                               |
|----------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt               |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br>4/3/06          |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)              |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark                                             |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked |

*He*  
PREPARER  
(3/2005)

4/10/06  
DATE PREPARED

26039030258