FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL
OPERATIONS CENTER
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) 948 N 14TH ST

(Check if address is changed)

ELGIN | OR | 97827-1750

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BLAKE_MILES@SBCGLOBAL.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 [signature] 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 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) X 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: X 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: 990 N 14TH ST

EL CENTRO | CA | 92243-1750

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: TREASURER

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: 990 N 14TH ST

EL CENTRO | CA | 92243-1750

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 760-353-4663

Full Name of Designated Agent: KRISTINA BAKER

Mailing Address: 643 LENNEY AVE

EL CENTRO | CA | 92243-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 760-482-0391

26950250

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 P.O. BOX 4210

EL CENTRO | CA | 92243-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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PREPARER	4/10/06 DATE PREPARED

(3/2005)

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