# FEC FORM 1

## STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)   ☑ (Check if name is changed)   Example: If typing, type over the lines.   12FE4M5

**MCMILLANFORCOLORADO**

ADDRESS (number and street)   **2529 Dellwood Avenue**

☑ (Check if address is changed)

**DURANGO**   CITY ▲   **CO** STATE ▲   **81301** - ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)   **info@mcmillanforcolorado.com**

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☑ (Check if address is changed)   **www.mcmillanforcolorado.com**

2. DATE   **05 / 18 / 2013**

3. FEC IDENTIFICATION NUMBER ▶   **C 00522151**

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   **Jackie Jones**

Signature of Treasurer   _Jackie Jones_   Date **05 / 18 / 2013**

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:<br>Federal Election Commission<br>Toll Free 800-424-9530<br>Local 202-694-1100 | **FEC FORM 1**<br>(Revised 06/2012) |
|---|---|---|---|---|---|---|

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5.  TYPE OF COMMITTEE

**Candidate Committee:**

(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   _Diama MCMiLLiaN_

Candidate Party Affiliation  _REP_    Office Sought:  ☐ House   ☑ Senate   ☐ President     State  _CO_

District  ☐

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

Name of Candidate

**Party Committee:**

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

**Political Action Committee (PAC):**

(e)  ☐  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

   ☐  Corporation          ☐  Corporation w/o Capital Stock          ☐  Labor Organization

   ☐  Membership Organization   ☐  Trade Association          ☐  Cooperative

   ☐  In addition, this committee is a Lobbyist/Registrant PAC.

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

   ☐  In addition, this committee is a Lobbyist/Registrant PAC.

   ☐  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

(g)  ☐  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h)  ☐  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

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

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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY  STATE  ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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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

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number

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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

Mailing Address

CITY  STATE  ZIP CODE

Title or Position

Telephone number

Full Name of
Designated
Agent           PIPERMCMILLIAN

Mailing Address      3115 Sherwood AVE

    Staunton                    VA    24401 -

                   CITY              STATE        ZIP CODE

Title or Position

ASSISTANT TREASURER              Telephone number  [   ]-[   ]-[    ]

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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.

        BANKOFSANJUANS

Mailing Address      1710 MAIN AVE

    Durango                     CO    81301 -

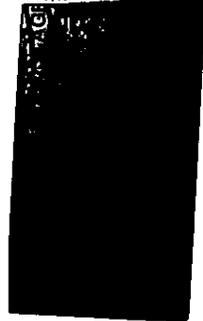                   CITY              STATE        ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

                   CITY              STATE        ZIP CODE

YYMILLANZBRODE14429 3
a52 9 Relwood Ave
DURANJO, CO 81301

Federal Election Commision
999 E. STREET, NW
WASHINGTON, D.C. 20463

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

___

OFFICE OF PUBLIC RECORDS

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USPS REGISTERED/CERTIFIED _____
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USPS PRIORITY MAIL _____
                                      Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
                                      Postmark

OVERNIGHT DELIVERY SERVICE:
                          SHIPPING DATE        NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS        _____              ☐

UPS                   _____              ☐

DHL                   _____              ☐

AIRBORNE EXPRESS      _____              ☐

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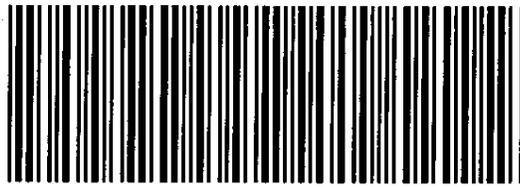                                             Date of Receipt

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PREPARER  DH                    DATE PREPARED  5-14-13

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