

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF CAROL MILLER

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2008

To:

MM / DD / YYYY
12 / 31 / 2008

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	00	42,156.34
(b) Total Contribution Refunds (from Line 20(d)).....	00	00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	00	42,156.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	659.67	42,156.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	00	00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	659.67	42,156.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	00	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

29030030288

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FRIENDS OF CAROL MILLER

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2008

To:

MM / DD / YYYY
12 / 31 / 2008

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

00

10,400.00

(ii) Unitemized.....

00

6,425.00

(iii) TOTAL of contributions from individuals ▶

00

16,825.00

(b) Political Party Committees.....

00

00

(c) Other Political Committees (such as PACs).....

00

00

(d) The Candidate.....

23,000.00

25,331.34

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..

23,000.00

42,156.34

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

00

00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

-23,000.00

00

(b) All Other Loans.....

00

00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

-23,000.00

00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

00

00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

00

00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

00

42,156.34

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	659.67	42,156.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	00	00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	00	00
(b) Of All Other Loans	00	00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	00	00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	00	00
(b) Political Party Committees.....	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	00	00
21. OTHER DISBURSEMENTS	00	00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	659.67	42,156.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	Reconciled	659.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....		00
25. SUBTOTAL (add Line 23 and Line 24).....		659.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		659.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 5
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

A. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **11,000.00**

Date of Receipt
12 / 30 / 2008

Amount of Each Receipt this Period
6,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

B. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65 Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **20,000.00**

Date of Receipt
12 / 30 / 2008

Amount of Each Receipt this Period
9,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

C. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **23,000.00**

Date of Receipt
12 / 30 / 2008

Amount of Each Receipt this Period
3,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

SUBTOTAL of Receipts This Page (optional) **18,000.00**

TOTAL This Period (last page this line number only) **18,000.00**

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 5	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

Full Name (Last, First, Middle Initial)
Miller, Carol

A. Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date
5,000.00

Date of Receipt
06 / 12 / 2008

Amount of Each Receipt this Period
5,000.00

Personal Funds Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ **23,000.00**

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 5
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

Full Name (Last, First, Middle Initial)
Miller, Carol

A. Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date **-5,000.00**

Date of Receipt
02 / 22 / 2008

Amount of Each Receipt this Period
-5,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)
 Redesignated loan from candidate

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) **▶**
 TOTAL This Period (last page this line number only) **▶**

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15
 PAGE 4 OF 5

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NAME OF COMMITTEE (in Full)
FRIENDS OF CAROL MILLER

A. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Nat'l Cntr Frontier Commnty Executive Director

Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **-11,000.00**

Date of Receipt
04 / 18 / 2008

Amount of Each Receipt this Period
-6,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

Redesignated loan from candidate

B. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65 Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Nat'l Cntr Frontier Commnty Executive Director

Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **-20,000.00**

Date of Receipt
05 / 12 / 2008

Amount of Each Receipt this Period
-9,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

Redesignated loan from candidate

C. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Nat'l Cntr Frontier Commnty Executive Director

Receipt For: Primary General
 Other (specify)
 Election Cycle-to-Date **-23,000.00**

Date of Receipt
05 / 28 / 2008

Amount of Each Receipt this Period
-3,000.00

Personal Funds
 Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)(4)1a-1)

Redesignated loan from candidate

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

-23,000.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>5</u> OF <u>5</u>			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
FRIENDS OF CAROL MILLER

Full Name (Last, First, Middle Initial) A. The Taos News		Date of Disbursement MM / DD / YYYY 12 / 28 / 2008
Mailing Address P. O. Box 3737		Amount of Each Disbursement this Period 315.23
City Taos	State NM	
Zip Code 87571		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Advertising	Category/ Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Thank you to voters	State: _____ District: _____	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: _____ District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	315.23

29030030295

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
1/31/09

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jm W.
 PREPARER

2/13/09
 DATE PREPARED

29030030296