

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

SUN MICROSYSTEMS, INC POLITICAL ACTION COMMITTEE

ADDRESS (Home or street)

20 PARK ROAD SUITE E

(Check if address is changed)

BURLINGAME

CA

94010

4443

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Info@millerpoliticallaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6504018739

2. DATE

09 / 01 / 2005

3. FEC IDENTIFICATION NUMBER

C C00347229

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

Kirk Alan Pessner

Signature of Treasurer

Electronically Filed by Kirk Alan Pessner

Date

09 / 01 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

**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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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

**Sun Microsystems, Inc.** \_\_\_\_\_

Mailing Address \_\_\_\_\_ 15 Network Circle \_\_\_\_\_

\_\_\_\_\_ MS UMPK 15-225 \_\_\_\_\_

\_\_\_\_\_ Menlo Park \_\_\_\_\_ CA \_\_\_\_\_ 94025 - \_\_\_\_\_

CITY STATE ZIP CODE

Relationship **Connected Org** \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**SUN MICROSYSTEMS, INC POLITICAL ACTION COMMITTEE**

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 Kirk Alan Pessner

Mailing Address 20 Park Road  
Suite E  
Burlingame CA 94010 - 4443

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 650 - 401 - 8735

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 Kirk Alan Pessner

Mailing Address 20 Park Road  
Suite E  
Burlingame CA 94010 - 4443

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 650 - 401 - 8735

Full Name of Designated Agent Russell H. Miller

Mailing Address 20 Park Road  
Suite E  
Burlingham CA 94010 - 4443

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number 650 - 401 - 8735

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.

**Borel Private Bank & Trust Co.**

Mailing Address

160 Bovee Road

San Mateo

CA

94402

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

STORAGE TECHNOLOGY CORPORATION POLITICAL ACTION COMMITTEE INC

Mailing Address

ONE STORAGE TEK DRIVE

LOUISVILLE

CO

80028

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

\_\_\_\_\_ Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_