FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jeff Miller for Nevada 3325 North Nellis ADDRESS (number and street) (Check if address is changed) Las Vegas 89115 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jeffsarcade@gmail.com (Check if address is changed) Optional Second E-Mail Address thebake1233@yahoo.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.MillerforNevada.com (Check if address is changed) DATE 2018 C00666826 FEC IDENTIFICATION NUMBER > 3. 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. Davis, Mike, , , Type or Print Name of Treasurer Davis, Mike,,, [Electronically Filed] 01 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		COMMITTEE	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	olete the candidate
	didate	Miller, Jeff, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State NV District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee: (National, State	Democratic,
(d)		· · · · · · · · · · · · · · · · · · ·	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	1		

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Write or Type Committee Nam		J
Jeff Miller for N	evada	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE		
Mailing Address		
Maining Madress		
	CITY STATE	ZIP CODE
Relationship: Connecte	nd Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
Troiding Supplies	a organization — Annated Committee — South Fariardising Representative — 2	saudicimp i 710 openioo.
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Davis, Mik	(e, , ,	
Mailing Address	6295 Nugget Drive	
. J		
	Winnemucca NV 89445	
Title on Desiries	CITY STATE	ZIP CODE
Title or Position		-

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
Safety deposit bo Name of Bank, [accounts, rents
safety deposit bo	oxes or maintains funds.	accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas NV 89110	accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas CITY STATE Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas CITY STATE Z Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas CITY STATE Z Depository, etc.	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Wells Fargo 791 North Nellis Blvd Las Vegas CITY STATE Z Depository, etc.	