

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

02 JUL 29 PM 12:54

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12 PB4M5

MIKE MILES FOR SENATE COMMITTEE

ADDRESS (number and street)

4319 HICKORY HOLLOW DRIVE

(Check if address is changed)

COLORADO SPRINGS CO 80922

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mikemiles4senate@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.mikemiles4senate.com

2. DATE 07 22 2002

3. FEC IDENTIFICATION NUMBER ▶ C00368969

4. IS THIS STATEMENT NEW (N) OR X 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 DENISE JOO, COHEN

James A. ...

Signature of Treasurer

Jodi ...

Date 07 23 2002

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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 FLOYD MIKE MILES

Candidate Party Affiliation DEM Office Sought: House Senate President State CO District 05

- (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

MIKE MILES FOR SENATE 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 TREASURER

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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 DENISE JODI COHEN

Mailing Address PO BOX 5

MANITOU SPRINGS CO 80829

Title or Position CITY STATE ZIP CODE

INVESTOR Telephone number 719 685 4757

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

US BANK

Mailing Address

1415 N ACADEMY BLVD

COLORADO SPRINGS CO 80909

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

**RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL 07-24-02
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____

AIRBORNE EXPRESS

EXPRESS MAIL

FEDERAL EXPRESS

UPS

Postmark and/or Date of Receipt

RD _____ 07-29-02
Preparer Date Prepared