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FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

(Revised 06/2012)

						2011 60	Office(Use) DANL) Z		
1.	NAME OF COMMITTEE (in full)		eck if name hanged)		mple:If typing, type the lines.	12FE4N	MAIL CENTER		
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AD	DRESS (number and street)	1111617141 19101 th 151+1111111111111111111111111111111111							
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СО	MMITTEE'S E-MAIL ADDRE	ess							
	(Check if address is changed)	Gianieromi il il iercimiere ikisioicioimi i i i i i i i i i i i							
		Optional Se	cond E-Mail Ad	idress			1		
		<u> </u>	 .	1-1-					
	MMITTEE'S WEB PAGE AD (Check If address is changed)			ıkısı	-loiricioinigic	leisisi.	السلسلسلسل		
2.	DATE 0 2 0	7 20	1.4						
3.	FEC IDENTIFICATION N	UMBER >	Co	0.4	41774				
4.	IS THIS STATEMENT	NEW (N) OR	X	AMENDED (A)				
l ce	ertify that I have examined t	his Statement	and to the bes	t of my i	nowledge and belief it	t is true, corre	ect and complete.		
Тур	e or Print Name of Treasure	r <u>Cha</u>	rles Se	eber	9				
Sig	nature of Treasurer	Chales	rles Se Seber	3		Date 0	2 68 2014		
NO	TE: Submission of false, erron	· · · · · · · · · · · · · · · · · · ·		-	ject the person signing OULD BE REPORTED V		to the penalties of 2 U.S.C. §437g.		
	Office Use				For further information of Federal Election Commiss		FEC FORM 1		

Toll Free 800-424-9530

Local 202-694-1100

	TYPE OF COMMITTEE Candidate Committee:									
(8	X	This committee is a principal campaign committee. (Complete the candidate information below.)								
(t) []	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)								
-	lame of andidate									
	andidate arty Affiliat	Office State I.A. Sought: X House Senate President District 0.2								
(0	e) []	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	ame of andidate	MARIANNETTE MILNER-MEEKS								
F	Party Cor									
(0	n []	(National, State (Democratic, Republican, etc.) Party.								
P	olitical <i>A</i>	Action Committee (PAC):								
(€) []	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 Lobbylst/Registrænt PAC.								
(1		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 activition, this committee is a Leadurship PAC. (Identify sponsor on line 6.)								
I.	oint Eun	draising Representative:								
(g	· ,	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political								
(h)		committees/orgunizations, at least one of which is an authorized committee of a federal candidate. 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.								
	Com	nmittees Participating in Joint Fundraiser								
	1.	FEC ID number C								
	2.	FEC ID number								
	3.									
	4.									

FEC Form 1 (Revised	l 02/200 9)	Page 3						
Write or Type Committee Nam	ne							
Miller-Mer	eks for Congress							
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor						
Mailing Address								
	CITY STATE	ZIP CODE						
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundralsing Representative Lea	ederehin PAC Snonsor						
neiduoisiip.	and Organization	ingisiih i vo ahoileei						
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) (and position of the person in pos	session of committee						
Full Name MLAIRI	ILLANNINETTEL IMILICILIBRI-IMIETEKKSI I I I I I I							
Mailing Address	1111617141 19101+61 15T1 11111111111111111111111111111111							
	OTTUMBULATION SIZES	1011-						
Title or Position	CITY STATE	ZIP CODE						
CIANIDILIDIAITIE	Telephone number 6441 - 6	1813-17151511						
	reasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of ny designated agent (e.g., assistant treasurer).							
Full Name of Treasurer Chica	rilies Sebergiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii							
Mailing Address	LIGHA WIRUSGE							
	CIOIRIAILIVIIILLIEI IIII LIA SIDID	1411-						
Title or Position		ZIP CODE						
TIRIEIASILIRIEIR	Telephone number 3 (19 - 3	13A - D1316 B						
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Name of Bank, Depository, etc.

Mailing Address

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CITY

ZIP CODE

STATE

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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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Shipping Pate 2/10/14 Fed Ex Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(8/2013)