Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mary Miller for Congress 3710 Broadway Street ADDRESS (number and street) (Check if address Box 102 is changed) Quincy 62305 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS marymiller@rtastrategy.com (Check if address is changed) Optional Second E-Mail Address bendemarzo@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.marymillerforcongress.com (Check if address is changed) DATE 2022 C00723916 FEC IDENTIFICATION NUMBER 3. X 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. BOLES, JASON, D,, Type or Print Name of Treasurer BOLES, JASON, D,, [Electronically Filed] Date 2022 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(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 information below.)	candidate
	Name of Candidate Miller, Mary, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State IL District 15
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	10
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, expension of the Committee of the Commi	etc.) Party
	Political Action Committee (PAC):	
	(e) 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 Org	ganization
	Membership Organization Trade Association Cooperati	ve
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	>).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	
	Mary Miller for	Congress	
6.	Name of Any Connected Or MILLER, MARY, , ,	ganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
	Mailing Address	23326 E COUNTY ROAD 1960 N	
		1	
		OAKLAND	61943
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representat	
	Tiolationomp.	Timulated Grigaring and Control of the Control of t	Loadership 1710 Openioc
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the person	in possession of committee
	BOLES, JA	SON. D	
	Full Name		
	Mailing Address	PO BOX 1483	
		ROSWELL	130077
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	TREASURER	Telephone number	04 - 474 - 7226
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
	Full Name BOLES, JA	SON D	
	Full Name BOLES, JA of Treasurer	, , , , , , , , , , , , , , , , , , ,	
		PO BOX 1483	
	Mailing Address		
		ROSWELL	30077
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		0052 —
	TREASURER		04 - 474 - 7226

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Full Name of Designated Agent	Ross, Derek, , ,			
Mailing Address	300 Independence Avenue SE			
	Washington	DC	20003	
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲	
Attorney In Fac	t 	umber		
	er Depositories: List all banks or other depositories in which the commoxes or maintains funds.	ittee deposits f	funds, holds accounts, rents	
Name of Bank,	Depository, etc.			
	Middletown Valley Bank			
Mailing Address	24 W Main Street			
	Middletown	CT	21740	
	CITY ▲	STATE ▲	ZIP CODE ▲	
Name of Bank, Depository, etc.				
	ServisFirst Bank	1 1 1 1 1		
Mailing Address	300 Galleria Parkway SE			
	Suite 100			
	Atlanta	GA	30339	
	CITY ▲	STATE ▲	ZIP CODE ▲	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisin		FEC ID number	С
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
MARY MILLER VI	CTORY COMMITTEE		
Mailing Address	23326 E COUNTY ROAD 1960 N		
· ·			
	OAKLAND	IL I	61943
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional) n, Rick, , ,	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Thompso	by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Thompsone Full Name	by name, address (phone number – optional) n, Rick, , ,	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Thompsone Full Name	by name, address (phone number – optional) n, Rick, , ,	nt Fundraising Representa	Leadership PAC S
esignated Agent: Identify Thompsol Full Name Mailing Address	by name, address (phone number – optional) n, Rick, , , PO Box 1483 Roswell		
esignated Agent: Identify Thompsone Full Name	by name, address (phone number – optional) n, Rick, , , PO Box 1483 Roswell CITY	GA	30077
esignated Agent: Identify Thompson Full Name	by name, address (phone number – optional) n, Rick, , , PO Box 1483 Roswell CITY	GA STATE ▲ Telephone Number	30077 ZIP CODE A
esignated Agent: Identify Thompson Full Name	by name, address (phone number – optional) n, Rick, , , PO Box 1483 Roswell CITY ies: List all banks or other depositories in which	GA STATE ▲ Telephone Number	30077 ZIP CODE A
esignated Agent: Identify Thompson Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositor afety deposit boxes or ma	by name, address (phone number – optional) n, Rick, , , PO Box 1483 Roswell CITY ies: List all banks or other depositories in which	GA STATE ▲ Telephone Number	30077 ZIP CODE A
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