FEC FORM 1	STATEMENT OF ORGANIZATION		PUBLIC SURE PUBLIC SURE DIVISED SURE 2012 JUL 17 ORHUBOCKY				
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
merlin miller for Plesident 2012							
	~ <u>                                      </u>						
ADDRESS (number and street)	ADDRESS (number and street) 19811, W. Charles ton # 2-441						
(Check if address is changed)							
	CITYA ULGRI		UV         189,1,12            STATE▲         ZIP CODE▲				
COMMITTEE'S E-MAIL ADDR	ESS						
(Check if address is changed)	Johnson QL	OSLAW, COM					
	Optional Second E-Mail Addre	985					
COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) Medinmiller 2012. Com							
2. DATE 09	2 2012		·				
3. FEC IDENTIFICATION NUMBER ► C00512798							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that ! have examined	this Statement and to the best of	my knowledge and belief it	is true, correct and complete.				
Type or Print Name of Treasu	er William	Johnson					
Signature of Treasurer	1/1		Date 07 12 2012				
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 c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100					

TYPE	e of c	OMMITTEE					
Can	didate	e Committee:					
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	A strategy	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand		merlin mellen					
Cand Party	idate Affiliati	on Office Sought: House Senate President State American thirl Posta-					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Part	y Con	nmittee:					
(d)	$\sum_{i=1}^{n}$	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Pa					
Polit	ical A	ction Committee (PAC):					
( <del>0</del> )		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization					
		Corporation Corporation w/o Capital Stock					
		Membership Organization					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(5)	forma (	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or p					
(f)	ê. Exel	committee. (i.e., nonconnected committee)					
		In addition, this comntittee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
loint	Eund	raising Representative:					
(g)	r <b>a</b> nc	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
(9)		committee control control tions, pays fundraising expenses and dispurses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		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	mittees Participating in Joint Fundraiser					
	1.						
	2.						
	3.						
	4.						

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Write or Type Committee Name	le	
Name of Any Composited (	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ershin BAC Spansor
<ol> <li>Name of Any Connected O</li> </ol>	Organization, Annaleu Committee, John Fundraising Representative, of Leau	eranih Lwe ahonaoi
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	ed Organization	Leadership PAC Sponso
- Xund 1.		
	entify by name, address (phone number optional) and position of the person in	possession of committee
books and records.		
Full Name		<u></u>
Mailing Address		
	Lititititi	
		<u></u> ]- <u> </u>
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name and	nd address (phone number optional) of the treasurer of the committee; and the	
	nd address (phone number optional) of the treasurer of the committee; and the	
Treasurer: List the name and	nd address (phone number optional) of the treasurer of the committee; and the	
Treasurer: List the name and any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; and the	
Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	
Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer	Ind address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer Mailing Address Title or Poeition	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Treasurer: List the name and any designated agent (e.g., a Full Name of Treasurer Mailing Address	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of

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	Date of Receipt				
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	Postmarked				
USPS Express Mail					
Postmark Illegible					
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Received from Senate Public Records Office	Date of Receipt				
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PREPARER	DATE PREPARED				
(3/2005)					

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