

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20543

|   |  |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br>Friends of Carol Miller-Carol Miller for Congress | 2. DATE<br>April 3, 1997 PM 1:43   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br>P.O. Box 98                                       | 3. FEC Identification Number   |
| (c) City, State and ZIP Code<br>Ojo Sarco, NM 87550   | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**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<br>Carol Miller | Candidate Party Affiliation<br>NM Green Party | Office Sought<br>US House of Rep | State/District<br>NM Dist 3 |
|-----------------------------------|---|----------------------------------|-----------------------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
|   |                              |              |

**Type of Connected Organization**

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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<br>Larry Miller | Mailing Address<br>P.O. Box 98, Ojo Sarco, NM 87550 | Title or Position<br>Accountant |
|---------------------------|---|---------------------------------|

**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<br>Mary Visarraga | Mailing Address<br>P.O. Box 98, Ojo Sarco, NM 87550 | Title or Position<br>Treasurer |
|-----------------------------|---|--------------------------------|

**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.<br>State Employees Credit Union | Mailing Address and ZIP Code<br>225 West Montezuma, Santa Fe, NM 87501 |
|--|--|

*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<br>Mary Visarraga | SIGNATURE OF TREASURER<br> | DATE<br>April 3, 1997 |
|---|----------------------------|-----------------------|

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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

F68AN053

**FEC FORM 1**  
(revised 4/87)

