

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
Office Use Only

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

2013 NOV -4 AM 8:11
12424MS

FEC MAIL CENTER

BERT MILLER FOR CONGRESS

ADDRESS (number and street)

PO BOX 5873

(Check if address is changed)

NAPERVILLE

CITY ▲

IL

STATE ▲

60567

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

LOREN.MILLER3@YAHOO.COM

Optional Second E-Mail Address

PAUL@PDSCOMPLIANCE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.BERTFORCONGRESS.COM

2. DATE 10 / 28 / 2013

3. FEC IDENTIFICATION NUMBER ► C

4. 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.

Type or Print Name of Treasurer

LOREN R. MILLER

Signature of Treasurer

Loren R. Miller

Date

10 / 28 / 2013

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 800-424-9530

FEC FORM 1
(Revised 06/2012)

130311

5. 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 candidate information below.)

Name of Candidate ALBERT MILLER

Candidate Party Affiliation REP Office Sought: House Senate President State IL District 11

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, 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 Organization
 Membership Organization Trade Association Cooperative

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 fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number: C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

1303134717

Write or Type Committee Name

BERT MILLER FOR CONGRESS.

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

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

LOREN MILLER

Mailing Address

PO BOX 5873

NAPERVILLE

CITY

STATE

60567

ZIP CODE

Title or Position
TREASURER

Telephone number

15051134718

Full Name of Designated Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

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.

NORTHERN TRUST

Mailing Address

50 SOUTH LASALLE

CHICAGO

IL

60603

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1303134719

13031134720

Col Loren R. Miller III
330 S Michigan Ave, Apt 2009
Chicago, IL 60604



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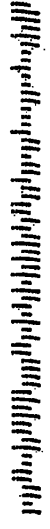
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Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked


 PREPARER
 (8/2013)

11/4/13
 DATE PREPARED

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