

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

HAFFER FOR CONGRESS.COM

ADDRESS (number and street)

PO Box 10448

(Check if address is changed)

PITTSBURGH

PA

15234-0448

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MIKMILL@Yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL) IN REGISTRATION REPORTED BY CANDIDATE

HAFFERFORCONGRESS.COM

COMMITTEE'S FAX NUMBER

717-657-3036

2. DATE

05 14 2007

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

Michael MILLNER

Signature of Treasurer

Michael Millner

Date

05 04 2007

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					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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 BETH HAFER

Candidate Party Affiliation

Dem

Office Sought:

House

Senate

President

State

PA

District

18

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

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

None

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

HAFER For Congress

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 MICHAEL MILLNER
Mailing Address 3605 VARTAN WAY
STE 303
HARRISBURG PA 17110-9335
Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 717-657-1100

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 MICHAEL MILLNER
Mailing Address 3605 VARTAN WAY
STE 303
HARRISBURG PA 17110-9335
Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 717-657-1100

Full Name of Designated Agent Debra MILLNER
Mailing Address 3605 VARTAN WAY
STE 303
HARRISBURG PA 17110-9335
Title or Position CITY STATE ZIP CODE

Ass't. Treasurer Telephone number 717-657-1100

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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.

CITIZENS BANK

Mailing Address

2005 LINGLESTOWN RD

HARRISBURG

PA

17110

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

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USPS First Class Mail Postmarked
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Other (Specify): Date of Receipt or Postmarked

Jmp
 PREPARER

7/19/07
 DATE PREPARED

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