

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS
For An Authorized Committee

RECEIVED
FEDERAL MAIL CENTER
03 APR 22 2008
APR 21 10:40
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

FRIENDS OF CAROL MILLER

ADDRESS (number and street) HCR 65, Box 98

Check if different than previously reported. (ACC) Ojo Sarco NM 87521

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT

C 00448431 IS THIS REPORT N NEW (N) OR AMENDED (A) NM 03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day POST-Election Report for the:

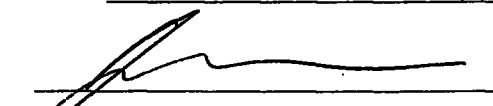
General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 02 / 12 / 2008 through 03 / 31 / 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Antonio J. Manzanares

Signature of Treasurer  Date 04 / 12 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

28039710774

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF CAROL MILLER

Report Covering the Period:

From:

02^M / 12^D / 2008^Y

To:

03^M / 31^D / 2008^Y

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2,641.34	2,641.34
(b) Total Contribution Refunds (from Line 20(d))	00	00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2,641.34	2,641.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	592.47	592.47
(b) Total Offsets to Operating Expenditures (from Line 14)	00	00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	592.47	592.47
8. Cash on Hand at Close of Reporting Period (from Line 27)	7,048.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5,000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

28039710775

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FRIENDS OF CAROL MILLER

Report Covering the Period: From: 02 / 12 / 2008 To: 03 / 31 / 2008

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1,850.00	1,850.00
(ii) Unitemized	460.00	460.00
(iii) TOTAL of contributions from individuals	2,310.00	2,310.00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) The Candidate	331.34	331.34
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) ..	2,641.34	2,641.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	00	00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	5,000.00	5,000.00
(b) All Other Loans	00	00
(c) TOTAL LOANS (add Lines 13(a) and (b))	5,000.00	5,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	00	00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	00	00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	7,641.34	7,641.34

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DETAILED SUMMARY PAGE
of Disbursements

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Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

592.47

592.47

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

00

00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

00

00

(b) Of All Other Loans.....

00

00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

00

00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

00

00

(b) Political Party Committees.....

00

00

(c) Other Political Committees
(such as PACs).....

00

00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

00

00

21. OTHER DISBURSEMENTS.....

00

00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

592.47

592.47

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

7,641.34

25. SUBTOTAL (add Line 23 and Line 24).....

7,641.34

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

592.47

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

7,048.87

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF 3	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **FRIENDS OF CAROL MILLER**

A. Full Name (Last, First, Middle Initial)
Ford, Caroline

Mailing Address
11932 Ski Run Road

City **Truckee** State **CA** Zip Code **96161**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Univ Nevada School Medicine** Occupation **Health Administrator**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
1,000.00

Date of Receipt
03 / 04 / 2008

Amount of Each Receipt this Period
1,000.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)
Schiff, Gordon

Mailing Address
Requested

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brigham & Women's Hospital** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
250.00

Date of Receipt
02 / 22 / 2008

Amount of Each Receipt this Period
250.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)
Miller, Audrey

Mailing Address
4210 Sundance St.

City **Santa Fe, NM** State **NM** Zip Code **87507**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
600.00

Date of Receipt
03 / 05 / 2008

Amount of Each Receipt this Period
600.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **1,850.00**

TOTAL This Period (last page this line number only) ▶ **1,850.00**

28039710778

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 3
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

A. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco,** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Cmmnty** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
331.34

Date of Receipt
02 / 12 / 2008

Amount of Each Receipt this Period
331.34

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ **331.34**

28039710779

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3 OF 3
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

A. Full Name (Last, First, Middle Initial)
Miller, Carol

Mailing Address
HCR 65, Box 17

City **Ojo Sarco** State **NM** Zip Code **87521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Nat'l Cntr Frontier Commnty** Occupation **Executive Director**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date
5,000.00

Date of Receipt
02 / 22 / 2008

Amount of Each Receipt this Period
5,000.00

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(f)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

28039710780

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE / OF /	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (in Full)
FRIENDS OF CAROL MILLER

A. NM Secretary of State

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM/DD/YYYY **02/12/2008**

Mailing Address
State Capitol, North Annex, Ste 300

City Santa Fe State NM Zip Code 87503

Purpose of Disbursement
Voter Information
Candidate Name
Amount of Each Disbursement this Period: **300.00**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **001**
Category/Type

State: District:
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Get Printing

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM/DD/YYYY **03/25/2008**

Mailing Address
712 Calle Grillo

City Santa Fe State NM Zip Code 87505-1605

Purpose of Disbursement
Candidate cards
Candidate Name
Amount of Each Disbursement this Period: **234.76**

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) **006**
Category/Type

State: District:
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM/DD/YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Amount of Each Disbursement this Period:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)
Category/Type

State: District:
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) **592.47**

TOTAL This Period (last page this line number only) **592.47**

28039710781

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE / OF /

FOR LINE NUMBER: (check only one) 13a 13b

NAME OF COMMITTEE (In Full)
FRIENDS OF CAROL MILLER

LOAN SOURCE Full Name (Last, First, Middle Initial)
MILLER, CAROL

Mailing Address
HCR 65, Box 17

Election:
 Primary
 General
 Other (specify) ▼

City State ZIP Code
Ojo Sarco, NM 87521

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5,000.00 00 5,000.00

TERMS Date Incurred Date Due Interest Rate Secured:
10/2 / 12 / 2008 12 / 31 / 2008 NONE % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional) []

TOTALS This Period (last page in this line only) 5,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

28039710782

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
4/14/08

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


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
4/22/08

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 4/23/08
 PREPARER DATE PREPARED

28039710783