

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

Jeff Hatch-Miller for Congress

ADDRESS (number and street)

11943 North 139th Place



(Check if address
is changed)

Scottsdale

AZ

85259

3739

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jeff@hatch-miller.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

hatch-miller.com

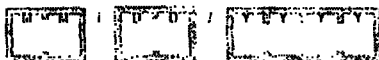
COMMITTEE'S FAX NUMBER

480

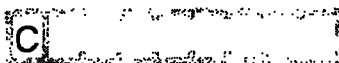
657

2015

2. DATE



3. FEC IDENTIFICATION NUMBER ►



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.

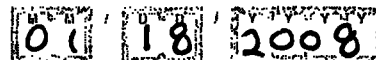
Type or Print Name of Treasurer

Anita R. Hatch-Miller

Signature of Treasurer

Anita R. Hatch-Miller

Date



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
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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

Jeff Hatch-Miller

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

AZ

District

5

- (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

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

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 Anita R. Hatch-Miller

Mailing Address 11445 East Via Linda
Suite 2-472
Scottsdale AZ 85259 - 2638

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer 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 Anita R. Hatch-Miller

Mailing Address 11445 East Via Linda
Suite 2-472
Scottsdale AZ 85259 - 2638

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 480 - 306 - 5139

Full Name of Designated Agent Dave Binsfeld

Mailing Address 5519 East Calle Tuberia
Scottsdale AZ 85018 - 4516

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 480 - 990 - 1900

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.

Bank of America

Mailing Address

10075 East Via Linda

Scottsdale

AZ

85258

5325

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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
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☐ USPS First Class Mail	Postmarked
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☐ Postmark Illegible	
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☐ No Postmark	
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☐ Received from Senate Public Records Office	Date of Receipt
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☐ Received from Electronic Filing Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
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PREPARER
 (3/2005)

1/22/08
DATE PREPARED

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