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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12P84MS

MILLER FOR CONGRESS

ADDRESS (number and street) 147 W. LINTELMITE RD

(Check if address is changed) NEWTON NJ 07860

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 02 19 2004

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 LAWRENCE I LERNER

Signature of Treasurer *Lawrence I Lerner* Date: 02 19 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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: RICHARD ANDREW MILLER

Candidate Party Affiliation: DEM. Office Sought: House Senate President State: MS District: 05

- (c) This committee supports/opposes only one candidate, but 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

NONE

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

Miller 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 LAURENCE IRWIN LERNER

Mailing Address 20 CROWN DRIVE
WARRAN NJ 07059

Title or Position CITY STATE ZIP CODE Telephone number 908-604-9530

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 LAURENCE IRWIN LERNER

Mailing Address 20 CROWN DRIVE
WARRAN NJ 07059

Title or Position CITY STATE ZIP CODE Telephone number 908-604-9530

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

5. 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.

PNL BANK

Mailing Address

1161 MADISON AVENUE

MORRISTOWN NJ 07960

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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