

FEDERAL
ELECTION
COMMISSIONS CENTER

2005 MAR -12 A 9 22

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Circle the Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

Lesley "Les" Miller for Congress

ADDRESS (number and street)

2505-38th Avenue

(Check if address
is changed)

Tampa

FL

33610-7917

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S EMAIL ADDRESS

lesgwen@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813-239-0000

2. DATE

03 30 2005

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

Larry A. Williams

Signature of Treasurer

Date

03 30 2005

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 1-800-424-9530
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 Lesley James Miller, Jr.

Candidate Party Affiliation: Democrat Office Sought: House Senate President

State: FL District: 13

- (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

Name _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation with 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 Larry A. Williams

Mailing Address 1904 E. Noel
Tampa FL 33610

Title or Position Treasurer CITY FL STATE FL ZIP CODE 33610
Telephone number 813-221-3047

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 Larry A. Williams

Mailing Address 1904 E. Noel
Tampa FL 33610

Title or Position CITY STATE ZIP CODE
Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE
Telephone number

8. 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

1933 East Hillsborough Avenue

Tampa

FL

33610

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.

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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JL</i> PREPARER	3-4-05 DATE PREPARED