

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

JOHN MILKOVICH FOR CONGRESS

ADDRESS (number and street)

656 JORDAN STREET

(Check if address is changed)

SHREVEPORT

LA

71101

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

johnmilkovichatt@bellsouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3184251951

2. DATE

MM / DD / YYYY
02 / 21 / 2008

3. FEC IDENTIFICATION NUMBER

C C00367060

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

Carola Milkovich

Signature of Treasurer

Electronically Filed by Carola Milkovich

Date

MM / DD / YYYY
02 / 21 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 **Mr. JOHN CHARLES C. MILKOVICH**

Candidate Party Affiliation Office Sought: House Senate President State **LA** District **04**

- (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 of Connected Organization or Affiliated Committee

Mailing Address

Street Address

City, State, and ZIP Code

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

JOHN MILKOVICH 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 **Carola Milkovich**

Mailing Address **656 Jordan Street**

Shreveport **LA** **71101** - -

Title or Position ▼ **Assistant Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **318** - **425** - **1957**

- 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 **Donald B. Sorrells**

Mailing Address **630 Cumberland Drive**

Shreveport **LA** **71106** - -

Title or Position ▼ **Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **318** - **868** - **1001**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

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.

Capital One

Mailing Address

814 Jordan Street

Shreveport

LA

71101

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲