

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
E-MAIL
OPERATIONS CENTER

2003 JAN 15 AM 11:58

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12F04MS

TRM: MI LLS FIORI CONGRESS

ADDRESS (number and street) 6041 VUBIG LINDA AVE

(Check if address is changed) LAGRANGE GA 30240

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

MI LLS FIORI CONGRESS @ TMMI LLS . US

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.TMMI LLS . US

COMMITTEE'S FAX NUMBER

770-471-4410

2. DATE 12 16 2003

3. FEC IDENTIFICATION NUMBER 0

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 Kay Donahue

Signature of Treasurer Kay Donahue Date 12 16 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. 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 THOMAS ALLEN MILLER

Candidate Party Affiliation REP Office Sought House Senate President State GA District 03

- (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

TOM MILLS 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 KAY DONAHUE

Mailing Address 119 BROOKWOOD DRIVE

LAGRANGE GA 30240

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 706-885-0131

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 KAY DONAHUE

Mailing Address 119 BROOKWOOD DRIVE

LAGRANGE GA 30240

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 706-885-0131

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

2. 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.

COMMERCIAL BANK AND TRUST

Mailing Address

P.O. BOX 250

LAGRANGE GA 30241

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 Commission has added this page to the end of this filing to indicate how it was received.

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<i>JMD</i> PREPARER	1-5-04 DATE PREPARED