

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEDERAL CENTER

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

American Eagle Party National committee

ADDRESS (number and street)

202 Golf Creek Road

(Check if address is changed)

Gatlinburg  
CITY ▲

TN  
STATE ▲

37738  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

merlinm7@bellsouth.net

Optional Second E-Mail Address

merlin@merlinmiller.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.AmericanEagleParty.com

2. DATE

12 / 03 / 2014

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

Jesse S. Wise

Signature of Treasurer

Jesse S. Wise

Date

12 / 03 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  **NOT** (National, State or subordinate) committee of the  **IND** (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/> _____
2.	_____	FEC ID number	<input type="checkbox"/> _____
3.	_____	FEC ID number	<input type="checkbox"/> _____
4.	_____	FEC ID number	<input type="checkbox"/> _____

FROM FINANCIAL SECTION

Write or Type Committee Name

American Eagle Party National Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

None

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Jesse S. MISE

Mailing Address

1117 JOPPA SCHOOL RD

RUTLEDGE

TN

37861

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 865-405-5524

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

Jesse S. Mise

Mailing Address

1117 Joppa School Rd

Rutledge

TN

37861

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 865-405-5524

14300011-110101-12000000

Full Name of Designated Agent

MERLIN L. MILLER

Mailing Address

202 GOLF CREEK RD

[Empty address line]

GATLINBURG

TN

37738

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

865-323-3601

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.

FIRST TENNESSEE BANK

Mailing Address

7741 ASHEVILLE HIGHWAY

[Empty address line]

KNOXVILLE

TN

37924

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address

[Empty address line]

[Empty address line]

[Empty city line]

[Empty state box]

[Empty zip line]

CITY

STATE

ZIP CODE

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Eagle Party National Committee  
P.O. Box 100  
Creech Rd.  
Memphis, TN

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JSP*  
 PREPARER

*12/31/14*  
 DATE PREPARED

1-800-438-3030