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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FE4MS

Candice Miller for Congress

ADDRESS (number and street) ▼ (Check if address is changed)

70 Macomb Place
Suite 310

Mount Clemens | MI | 48043 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cmiller@mi.verio.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 03 30 2001

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 Robert David Leslie

Signature of Treasurer [signature] Date 4/3/01

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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