Image# 201512289004424047 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Thomas M Mills						mah a u		
	(b) Address (number and street) 1301 N Greensboro St.	☐ Check if address changed			Candidate's FEC Identification Number     H6NC08145				
	City, State, and ZIP Code						lew	Amended	
	Carrboro	NC 27510				,	N) OR	(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			NC	08			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full)									
The Thomas Mills Committee									
	(b) Address (number and street) 1301 N Greensboro St.								
	(c) City, State, and ZIP Code								
	Carrboro				NC	27510			
	DE	CICNIATIO	N OF OT	HED VII	TUODIZED	COMMITTEES			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)									
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.									
NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full)									
	, ,								
	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
(b) Address (number and street)									
(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complet	e.	
Signature of Candidate Date									
The	omas M Mills			(FI	4	12/28/2015			
				[Elec	tronically Filed]	12/20/2010			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
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FEC FORM 2 (REV. 02/2009)