## FEC FORM 2 STATEMENT OF CANDIDACY

### RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

1. (a) Name of Candidate (in full) MILLER, MARY ANN 2 FEC Candidate Identification Number \$81 X00343 P.O. BOX 66698 Check if address changed Amended New Is This AUSTIN, TX 78766 OR (N) Statement 6 State & District of Candidate REPUBLICAN **DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE** 7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) TEE TO ELECT MARY MILLER (b) Address (number and street) P.O. BOX 66698 (c) City, State, and ZIP Code AUSTIN, TX 78766 **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 NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Date Signature of Candidate 12/11/2017 of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

9-00068

FEC Form 2S (Revised 02/2017)

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#### Optional Supplemental Page for Designation of Additional Authorized Committees

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# DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

	a) Name of Committee (in full)
	o) Address (number and street)
	c) City, State, and ZIP Code
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)
	(b) Address (number and street)
•	(c) City, State, and ZIP Code
	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),
	(a) Name of Commisses (in tail);
	(b) Address (number and street) ,
	(c) City, State, and ZIP Code
	. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of m
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee.  candidacy. NOTE: This designation should be filed with the principal campaign committee.
3.	t hereby authorize the following named committee, which is not in particular that it is particular to the principal campaign committee.  (a) Name of Committee (in full)

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SUPERINTENDENT

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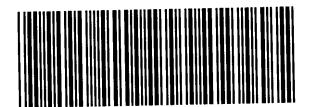
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