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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)									
	Miller, Karl, KW, Mr.,	2. Condidate's FFC Identification Number								
a)	(b) Address (number and street) ☐ Check if address changed P.O. Box 960083					Candidate's FEC Identification Number H2FL26099				
(c) City, State, and ZIP Code					3. Is This	New		Amended	
	Miami		Fl	_ 3329	16	Statement	(N) OR	×	(A)	
4. Pa	arty Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate				
F	EPUBLICAN PARTY	House			FL	28				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. II	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) KW MILLER AMERICA FIRST										
(b) Address (number and street) P.O. BOX 960083										
(c) City, State, and ZIP Code									
	MIAMI				FL	33296				
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)										
(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.										
Signature of Candidate Date										
Miller, Karl, KW, Mr.,			[Electronically Filed]			06/07/2022				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)