

2010 FEB -1 AM 11:29

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>JEFFERY LANE MILLER</b>			2. Candidate's FEC Identification Number	
(b) Address (number and street) <b>1110 4<sup>TH</sup> AVENUE WEST</b>		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <b>HENDERSONVILLE NC 28739</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <b>REP</b>	5. Office Sought <b>US HOUSE</b>	6. State & District of Candidate <b>NORTH CAROLINA DISTRICT 11</b>		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) <b>COMMITTEE TO ELECT JEFF MILLER</b>	
(b) Address (number and street) <b>P.O. Box 6338</b>	
(c) City, State, and ZIP Code <b>HENDERSONVILLE NC 28793-6338</b>	

### 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 <b>1/22/10</b>
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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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JmD*  
 PREPARER  
 (3/2005)

*2/1/10*  
 DATE PREPARED

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