

Image# 202405289648782277

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Miller, Max, , ,		2. Candidate's FEC Identification Number H2OH16051	
(b) Address (number and street) 12 Chippenham Ct		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Rocky River OH 44116		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate OH 07	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) MAX MILLER FOR CONGRESS	
(b) Address (number and street) 19525 HILLIARD BLVD #16010	
(c) City, State, and ZIP Code ROCKY RIVER OH 44116	

### 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) MAX MILLER VICTORY	
(b) Address (number and street) 824 S MILLEDGE AVE STE 101	
(c) City, State, and ZIP Code ATHENS GA 30605	

*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 Miller, Max, , ,	Date 05/28/2024
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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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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)

2024 MILLER VICTORY FUND

(b) Address (number and street)

824 S. MILLEDGE AVE  
STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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(a) Name of Committee (in full)

GT FARM TEAM 2024

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code