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FEC FORM 2

STATEMENT OF CANDIDACY

| _ | | | | | | | | | | | |
|----|--|-------------------|-----------------|-----------------|------------------|--|------------------------|-----------|-------------|---------------|--|
| 1. | (a) Name of Candidate (in full) Miller, Max, , , | | | | | | | | | | |
| | (b) Address (number and street) 12 Chippenham Ct | | Check if addre | ss changed | | 2. Candidate's FEC Identification Number | | | | | |
| | | | | | | H2OH1 | | | | \ | |
| | (c) City, State, and ZIP Code Rocky River | | OH | H 44116 | 6 | 3. Is This Statem | | | | Amended A) | |
| 4. | Party Affiliation | 5. Office Soug | ght | | 6. State & Dis | trict of Candid | late | | | | |
| | REPUBLICAN PARTY | House | | | OH | 07 | | | | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIG | N COMMI | TTEE | | | | |
| 7. | I hereby designate the following na | med political co | ommittee as m | ny Principal (| Campaign Com | | 2026 (year of elect | | ion(s). | | |
| | NOTE: This designation should be | filed with the ap | opropriate offi | ce listed in th | ne instructions. | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | MAX MILLER FOR | CONGRE | SS | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | 19525 HILLIARD BLVD #160 | 10 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | ROCKY RIVER | | | | ОН | 44116 | | | | | |
| | | | | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HER AU | THORIZED | COMMIT. | TEES | | | | |
| | | | | | g Representativ | | | | | | |
| 8 | I hereby authorize the following nar | ned committee | which is NO | T my principa | al campaign co | mmittee to red | ceive and exp | end fund | s on heha | If of my | |
| ٠. | candidacy. | | , | , թ | a. campaigi. co | | oorro ana onp | | 0 011 00110 | 5, | |
| | NOTE: This designation should be | iled with the pr | incipal campa | ign committe | ee. | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | MAX MILLER VICT | ORY | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | 824 S MILLEDGE AVE STE 1 | 01 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | ATHENS | | | | GA | 30605 | | | | | |
| | | | | | | | | | | | |
| | I certify that I have exa | mined this Sta | tement and to | the best of i | my knowledge | and belief it is | true, correct a | and comp | lete. | | |
| Si | gnature of Candidate | | | | | Date | | | | | |
| M | Tiller, Max, , , | | | | | 11/13/202 | 24 | | | | |
| | | | | | | | | | | | |
| NC | OTE: Submission of false, erroneous | , or incomplete | information m | nay subject t | he person signi | ing this Statem | nent to penalti | es of 2 U | .S.C. §437 | 7g. | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

(c) City, State, and ZIP Code

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | ² of | 2 | |
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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|----|-------------|-------------|-----------|-------|-----------|---------|-------|-----|----|-----------|----------|-----------|------------|------------|-----------|------------|----|
| ٥. | r nereby au | monze me | ionowing | named | COMMI | e, wn | CHIS | NOI | Шу | principai | campaign | commutee, | to receive | and expend | iurius or | i benan o | ПП |
| | | | | | | | | | | | | | | | | | |

| 3. | 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 |
| | |
| 3. | 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 |
| | |
| | |
| 3. | 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 |
| | |
| | |
| 3. | 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) |
| | |