Image# 201603199011618622 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|---|---|----------------------------|--------------|-------------|---|--|------------------|------|--|
| | Robert Miller | | 500k if 544 | oo obcass- | | O O and distant a FFO late of the or New Alexander | | | |
| | (b) Address (number and street) 3065 Hawaii Ct | ☐ Check if address changed | | | Candidate's FEC Identification Number H6CA12183 | | | | |
| | (c) City, State, and ZIP Code | _ | | | 3. Is This | New | Amended | | |
| | West Sacramento | CA 95691 | | | | Statement X | (N) OR | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | | rict of Candidate | | | |
| | REPUBLICAN PARTY | House | | | CA | 12 | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| Robert Miller for Congress | | | | | | | | | |
| | (b) Address (number and street) 3065 Hawaii Ct | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | West Sacramento | | | | CA | 95691 | | | |
| | Troot Gabramonic | | | | | | | | |
| 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) | | | | | | | | | |
| (S) real oss (names) and shoot) | | | | | | | | | |
| (a) City State and ZID Code | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | |
| | I certify that I have exa | mined this Stat | ement and to | the best of | my knowledge a | nd belief it is true, co | rrect and comple | ete. | |
| Signature of Candidate Date | | | | | | | | | |
| Re | obert Miller | [Electronically Filed] | | | | 03/19/2016 | | | |
| | | | | Elec | ironically Pileaj | | | | |
| 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)