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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Miller, Mary, , ,								
	(b) Address (number and street) 3710 Broadway Street Box 102	₹ Check if address changed ((Candidate's FEC Identification Number H0IL15129			
	(c) City, State, and ZIP Code					3. Is This No	ew Amended		
	Quincy		IL	6230	5	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House			IL	15			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full) MARY MILLER FOR CONGRESS								
	(b) Address (number and street) 23326 E COUNTY ROAD 196	0 N							
	(c) City, State, and ZIP Code								
	OAKLAND				IL	61943			
8.	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 f	led with the pri	ncipal campa	aign committ	ee.				
	(a) Name of Committee (in full)								
	Mary Miller Victory Committee								
	(b) Address (number and street) 23326 E County Road 1960 N								
	(c) City, State, and ZIP Code								
	Oakland				IL	61943			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date			
M	iller, Mary, , ,			[Elec	tronically Filed]	12/02/2022			
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)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)							
	MARY MILLER VICTORY COMMITTEE							
	(b) Address (number and street) 23326 E COUNTY ROAD 1960 N							
	(c) City, State, and ZIP Code							
	OAKLAND IL 61943							
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							
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							
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							