FEC FORM 2 STATEMENT OF CANDIDACY

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| | | | , | | | |
|--|--|----------------------|------------|-----------|---|---|
| 1. | (a) Name of Candidate (in full) | | | | | |
| | MILLER, CAROL DEVINE, , , | | | | | |
| | Address (number and street) Check if address changed WASHINGTON STREET SUITE 115 | | | | 2. Candidate's FEC Identification Number H8WV03097 | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amended |
| | ALEXANDRIA | | VA | 22314 | 4 | Statement (N) OR X (A) |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Distr | ict of Candidate |
| | REPUBLICAN PARTY | House | | | WV | 01 |
| 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(s). | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | |
| | (a) Name of Committee (in full) CAROL FOR CONC | RESS | | | | |
| | (b) Address (number and street) 228 S. WASHINGTON STRE SUITE 115 | ET | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | ALEXANDRIA | | | | VA | 22314 |
| | | | | | | |
| 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) MILLER VICTORY | FUND | | | | |
| | (b) Address (number and street) 228 S. WASHINGTON STREE | Т | | | | |
| | SUITE 115 | | | | | |
| | (c) City, State, and ZIP Code | | | | | |
| | (C) City, State, and ZIF Code | | | | | |
| | ALEXANDRIA | | | | VA | 22314 |
| | ALEXANDRIA | mined this Statement | and to the | best of I | | 22314 nd belief it is true, correct and complete. |
| Si | ALEXANDRIA | mined this Statement | and to the | best of I | | nd belief it is true, correct and complete. |
| | ALEXANDRIA I certify that I have exa gnature of Candidate | mined this Statement | and to the | best of I | | nd belief it is true, correct and complete. Date |
| | ALEXANDRIA | mined this Statement | and to the | | | nd belief it is true, correct and complete. |
| M | ALEXANDRIA I certify that I have exa gnature of Candidate ILLER, CAROL DEVINE, , , | | | [Elect | my knowledge al ronically Filed] | nd belief it is true, correct and complete. Date |
| M | ALEXANDRIA I certify that I have exa gnature of Candidate ILLER, CAROL DEVINE, , , | | | [Elect | my knowledge al ronically Filed] | nd belief it is true, correct and complete. Date 01/13/2023 |
| M | ALEXANDRIA I certify that I have exa gnature of Candidate ILLER, CAROL DEVINE, , , | | | [Elect | my knowledge al ronically Filed] | nd belief it is true, correct and complete. Date 01/13/2023 |

FEC FORM 2 (REV. 02/2009)