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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Miller, Adam, Clay, ,							
	(b) Address (number and street) 1173 Bailey Noel Dr Apt. 204	☐ Check if address changed				Candidate's FEC Identification Number H4OH15083		
_	(c) City, State, and ZIP Code					3. Is This New Amended		
	Columbus		OH	H 4322	28	Statement X (N) OR (A)		
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	House			ОН	15		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	Thereby 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)							
	MILLER FOR AMER	RICA						
	(b) Address (number and street)							
	545 E MAIN STREET							
	(c) City, State, and ZIP Code							
	COLUMMBUS				ОН	43215		
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)							
_	(c) City, State, and ZIP Code							
		mined this State	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate					Date			
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, Adam, Clay, , 12/12/2023								
N	Miller, Adam, Clay, , 12/12/2023 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							
I								

FEC FORM 2 (REV. 02/2009)