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**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

1. (a) Name of Candidate (in full) <i>Erich D. Miller</i>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>17939 Chatsworth St. #181</i>		2. Candidate's FEC Identification Number <i>H0CA30113</i>
(c) City, State, and ZIP Code <i>Granada Hills CA 91344</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <i>Libertarian</i>	5. Office Sought <i>U.S. Rep</i>	6. State & District of Candidate <i>CA 30</i>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <i>Erich Miller for Congress Committee</i>		
(b) Address (number and street) <i>17939 Chatsworth St. #181</i>		
(c) City, State, and ZIP Code <i>Granada Hills, CA 91344</i>		

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

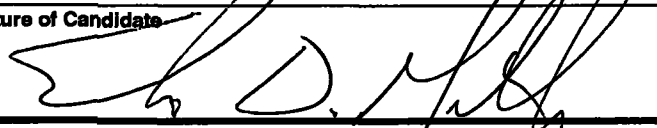
(Including Joint Fundraising Representatives)

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) <i>NONE</i>		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

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 	Date <i>7/11/10</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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*Jan D*  
 PREPARER

*7/20/10*  
 DATE PREPARED

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