

RECEIVED
FEDERAL
OPERATIONS CENTER

FEC FORM 2 STATEMENT OF CANDIDACY

2005 MAR -14 A 3 22

| | | | |
|---|----------------------------------|---|--|
| 1. (a) Name of Candidate (in full) Lesley James Miller, Jr. | | 2. Identification Number | |
| (b) Address (number and street) 2505-38th Avenue | | <input type="checkbox"/> Check if address changed | |
| (c) City, State, and ZIP Code Tampa, FL 33610-7617 | | 3. Is This Statement <input checked="" type="checkbox"/> New <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation Democrat | 5. Office Sought House | 6. State & District of Candidate Florida, 11th District | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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)
Lesley "Les" Miller for Congress

(b) Address (number and street)
2505-38th Avenue

(c) City, State, and ZIP Code
Tampa, FL 33610-7617

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

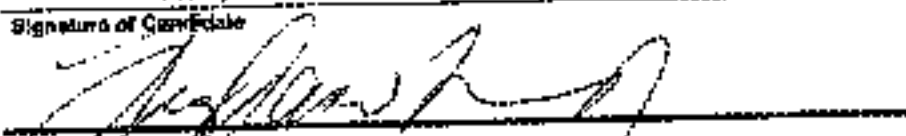
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

| | | |
|----|----------------------------------|-------------------------------|
| RA | <input type="text" value="000"/> | for the primary election, and |
| SB | <input type="text" value="000"/> | for the general election. |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 2/21/2005 |
|--|--------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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.

| | |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input checked="" type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) 2-25-05 |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> Delivery Confirmation™ Label <input type="checkbox"/> | |
| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>JK</i> PREPARER | 3-4-05 DATE PREPARED |