FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)

(b) Address (number and street) ☐ Check if address changed

2. Identification Number

(c) City, State, and ZIP Code

3. Is This Statement ☐ New (N) **OR** ☐ Amended (A)

4. Party Affiliation

5. Office Sought

6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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

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

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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 _____ .

If you do not intend to expend personal funds exceeding the threshold amount, you must enter "0.00"

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

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

DRAFT