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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							_		
	Smucker, Lloyd, K., ,									
	(b) Address (number and street) 248 Steel Way PO Box 7066	☐ Check if address changed		Candidate's FEC Identification Number H6PA16320		_				
	(c) City, State, and ZIP Code					3. Is This No		_		
	Lancaster		PA	1760	1	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Sough	nt		6. State & Distr	rict of Candidate		_		
	REPUBLICAN PARTY	House			PA	11				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Smucker for Congress									
	(b) Address (number and street)							_		
	548 Steel Way									
	PO Box 7066							_		
	(c) City, State, and ZIP Code									
	Lancaster				PA	17604				
(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) ENCOURAGING LEARNING AND SKILLS PAC										
	(b) Address (number and street) 1666 K STREET NW SUITE 500									
	(c) City, State, and ZIP Code							_		
	WASHINGTON				DC	20006				
_								_		
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							-			
Si	mucker, Lloyd, K., ,			[Elec	tronically Filed]	12/14/2018				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)						
	Smucker Victory Committee						
	(b) Address (number and street) 824 S Milledge Ave Ste 101						
	(c) City, State, and ZIP Code						
	Athens	GA	30605				
8.	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) PA IN 18						
	(b) Address (number and street) PO BOX 26141						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22313				
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) PROTECT THE HOUSE (b) Address (number and street)						
	PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full) PERRY SMUCKER VICTORY FUND						
	(b) Address (number and street) PO BOX 26141						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22313				