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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Ashford, Brad, , ,  (b) Address (number and street)	Chook if address shared			2. Condidate a FFO Identification Number					
	PO Box 24023	☐ Check if address changed				Candidate's FEC Identification Number     H4NE02054				
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Omaha		NE	68124		Statement	<b>x</b> (N)	OR		(A)
4.	Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate 02				
	DEMOCRATIC PARTY	House			INE	02				
	DE	SIGNATION O	F PRIN	CIPAL	CAMPAIGN		E			
7.	I hereby designate the following nar	med political committ	ee as my F	rincipal C	Campaign Comm		018 of election)	election	n(s).	
	NOTE: This designation should be f	iled with the appropr	iate office I	isted in th	ne instructions.					
	(a) Name of Committee (in full)									
	Brad Ashford for Co	ngress								
	(b) Address (number and street) PO Box 2423									
	(c) City, State, and ZIP Code									
					NE	68124				
	Omaha				INL	00124				
			ling Joint F	undraisin	g Representative	es)				
8.	I hereby authorize the following name candidacy.	ned committee, which	h is NOT m	y principa	al campaign com	nmittee, to receive a	and expend	l funds (	on beha	alf of my
	NOTE: This designation should be f	iled with the principa	l campaign	committe	ee.					
	(a) Name of Committee (in full)									
	MA for a Majority									
	(b) Address (number and street) 918 Pennsylvania Ave SE									
	(c) City, State, and ZIP Code									
					DC	20003				
	Washington				ВС	20003				
	I certify that I have exa	mined this Statemer	nt and to the	e best of i	my knowledge al	nd belief it is true, c	correct and	comple	te.	
Si	gnature of Candidate					Date				
	shford, Brad, , ,					04/15/2018				
				[Elect	ronically Filed]	04/10/2010				
NC	OTE: Submission of false, erroneous,	or incomplete inforn	nation may	subject tl	ne nerson signin	on this Statement to	penalties o	of 2 U.S	.C. 843	7a.
					Le person signin				.0. 3.0	
				•	Te person signin	g this otatement to				
				•	le person signin	g this Statement to			-0.3.0	

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.	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee, to receive and expend funds on behalf of my								
	(a) Name of Committee (in full)  House Victory Project  (b) Address (number and street) 918 Pennsylvania Avenue SE								
	(c) City, State, and ZIP Code Washington DC 20003								
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. <b>NOTE</b> : 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								
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								
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. <b>NOTE</b> : 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								