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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.   | (a) Name of Candidate (in full)  |                            |               |             |                 |   |               |          |         |   |  |
|--|--|----------------------------|---------------|-------------|-----------------|---|---------------|----------|---------|---|--|
|  | Daniel, Stephen, , ,   |                            |               |             |                 |   |               |          |         |   |  |
|  | (b) Address (number and street)<br>PO Box 265  | ☐ Check if address changed |               |             |                 | Candidate's FEC Identification Number     H0TX06099 |               |          |         |   |  |
|  | (c) City, State, and ZIP Code  |                            |               |             |                 | 3. Is This  | Ne            | eW.      | Amended | _ |  |
|  | Maypearl   | TX 76064                   |               |             |                 | Stateme   | ent X (N      | ) OR     | (A)     |   |  |
| 4.   | Party Affiliation  | 5. Office Soug             | jht           |             | 6. State & Dist | rict of Candida                                     | ate           |          |         | _ |  |
|  | DEMOCRATIC PARTY   | House                      |               |             | TX              | 06  |               |          |         |   |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |  |                            |               |             |                 |   |               |          |         |   |  |
| 7.   | 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) Stephen Daniel for Congress  |  |                            |               |             |                 |   |               |          |         |   |  |
|  | (b) Address (number and street)<br>PO Box 265  |                            |               |             |                 |   |               |          |         |   |  |
|  | (c) City, State, and ZIP Code  |                            |               |             |                 |   |               |          |         | _ |  |
|  | Maypearl   |                            |               |             | TX              | 76064   |               |          |         |   |  |
|  | - 31   |                            |               |             |                 |   |               |          |         |   |  |
| 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. |  |                            |               |             |                 |   |               |          |         |   |  |
| candidacy.  NOTE: This designation should be filed with the principal campaign committee.  |  |                            |               |             |                 |   |               |          |         |   |  |
| (a) Name of Committee (in full)  |  |                            |               |             |                 |   |               |          |         |   |  |
|  | (a) Name of Committee (in full)  |                            |               |             |                 |   |               |          |         |   |  |
| (b) Address (number and street)  |  |                            |               |             |                 |   |               |          |         |   |  |
|  | (,,,   |                            |               |             |                 |   |               |          |         |   |  |
| (c) City, State, and ZIP Code  |  |                            |               |             |                 |   |               |          |         |   |  |
|  |  |                            |               |             |                 |   |               |          |         |   |  |
|  | I certify that I have exa  | amined this Stat           | tement and to | the best of | my knowledge a  | and belief it is t                                  | true, correct | and comp | ete.    | _ |  |
| Si   | gnature of Candidate   |                            |               |             |                 | Date  |               |          |         | - |  |
| D  | aniel, Stephen, , ,  | [Electronically Filed]     |               |             |                 | 07/10/2019  |               |          |         |   |  |
| 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)