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lmage# 202006229244142289

FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	McMurray, Nathan, , ,		de e el est			0.0 !!!!!!	FFO 13 ···	_4! N!		
	(b) Address (number and street) PO BOX 161	☐ Check if address changed				Candidate's FEC Identification Number H8NY27176				
	(c) City, State, and ZIP Code					3. Is This	New			mended
	Lewiston		N)	Y 1409	2	Statement	(N)	OR	X (A	١)
4.	Party Affiliation	5. Office Soug	jht			rict of Candidate				
	DEMOCRATIC PARTY	House			NY	27				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	COMMITT	EE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)	_								
	Nate McMurray for (Congress								
	(b) Address (number and street) PO Box 161									
	1 6 25% 16 1									
	(c) City, State, and ZIP Code									
	Lewiston				NY	14092				
	DE			_	_	COMMITTE	ES			
		(including Joir	nt Fundraisir	ng Representative	es)				
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NO	T my princip	al campaign con	nmittee, to receive	e and expend	d funds o	n behalf	of my
	NOTE: This designation should be f	iled with the pri	incipal campa	aign committ	ee.					
	(a) Name of Committee (in full)									
	(b) Address (number and street)									
	(b) Address (number and street)									
	(b) Address (number and street) (c) City, State, and ZIP Code	mined this Stol	tomont and to	a tha hast of	my knowledge a	nd ballof it in true	a garrage and	complete		
	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example to the state of	mined this Stat	tement and to	o the best of	my knowledge a		, correct and	complet	е.	
	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate	mined this Stat	tement and to	o the best of	my knowledge a	nd belief it is true	, correct and	complet	e.	
	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example to the state of	mined this Stat	tement and to		my knowledge a tronically Filed]		e, correct and	complet	е.	
Ca	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example of Candidate			[Elec	tronically Filed]	Date 06/22/2020				
Ca	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example ampbell, Catherine, , ,			[Elec	tronically Filed]	Date 06/22/2020				g.
Ca	(b) Address (number and street) (c) City, State, and ZIP Code I certify that I have example ampbell, Catherine, , ,			[Elec	tronically Filed]	Date 06/22/2020				g.

FEC FORM 2 (REV. 02/2009)

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F2A Transaction ID:

The prior Form 2 had the treasurer's address entered as the campaign's, in error. This amendment returns it to the correct address.

Form/Schedule: Transaction ID: