FEC FORM 2 STATEMENT OF CANDIDACY

2019-04-08-0M-0021007

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(a) Name of Candidate (in full)		IL CENTER
(b) Address (number and street) Check if address changed	2. FEC Candidate liber To De G	fication Namber
(c) City State, and ZIPCode AP 9303 5		N) OR (A)
Party Affiliation 5. Office Sought 6. S	ate & District of Candidate	26
DESIGNATION OF PRINCIPAL CA	MPAIGN COMMITTEE	
I hereby designate the following named political committee as my Principal Camp	aion Committee for the 2020	election(s).
NOTE: This designation should be filed with the appropriate office listed in the ins	(vear of ele	
(a) Name of Committee (in full)		N -
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(b) Address (number and street) 153 Fall ROCK - SUSO	nonophin	los pr. cm
(c) City, State, and ZIP Code	(Conformed	OF. / I
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DESIGNATION OF OTHER AUTHO (Including Joint Fundraising Rep		
I hereby authorize the following named committee, which is NOT my principal car candidacy.	npaign committee, to receive and e	xpend funds on behalf of my
NOTE: This designation should be filed with the principal campaign committee.		201
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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 I certify that I have examined this Statement and to the best of my kr	owledge and belief it is true, corre	-8 AM 10: 30
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 I certify that I have examined this Statement and to the best of my kr	owledge and belief it is true, corre	-8 AM 10: 30
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FEC	Form	2S	(Revised	02/2017)	

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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)

(b) Address (number and street)

(c) City, State, and ZIP Code

Name of Committee (in full)				
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Address (number and street)				
City State and ZIP Code				
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Name of Committee (in full)				
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(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)	· · · · · · · · · · · · · · · · · · ·		<u> </u>		· · ·	· · · · ·
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(b) Address (number and street)	ζ		<u></u>	· · ·		<u> </u>
(c) City, State, and ZIP Code	and the second		Shelman Page		and the second sec	· · · · · · · · · · · · · ·
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(3/2015)			

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