

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
FEC MAIL CENTER

1. (a) Name of Candidate (in full) Dr. Christine Eady Mann		2019 MAY 13 AM 10:03
(b) Address (number and street) <input type="checkbox"/> Check if address changed 160 Mercury Cove		2. FEC Candidate Identification Number C00638346
(c) City, State, and ZIP Code Leander TX 78641		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation Democratic	5. Office Sought House of Representatives	6. State & District of Candidate TX-31

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 20 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) Christine Mann for Congress		
(b) Address (number and street) P.O. Box 1969		
(c) City, State, and ZIP Code Liberty Hill, TX 78642		

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

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 Christine Eady Mann	Date 5-6-2019
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

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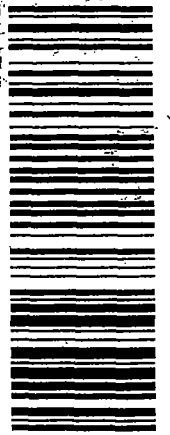
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Leander TX 78641

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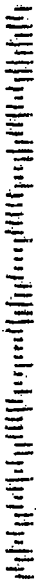
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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>rf</i> PREPARER (3/2015)	5-13-19 DATE PREPARED

20190513 14:00:00