

Image# 201909169163329640

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Barr, Garland Andy, , ,			2. Candidate's FEC Identification Number H0KY06104	
(b) Address (number and street) PO Box 2059		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Lexington KY 40588-2059		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate KY 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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) Andy Barr for Congress, Inc.		
(b) Address (number and street) PO Box 2059		
(c) City, State, and ZIP Code Lexington KY 40588		

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) Protect The House		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824-0844		

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 Barr, Andy, , , <i>[Electronically Filed]</i>	Date 09/16/2019
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Andy Barr Victory Committee

(b) Address (number and street)

332 W Lee Hwy
303

(c) City, State, and ZIP Code

Warrenton

VA

20186-2428

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)

FRIENDS OF ANDY BARR COMMITTEE

(b) Address (number and street)

332 W LEE HWY
303

(c) City, State, and ZIP Code

WARRENTON

VA

20186

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)

FINANCIAL INNOVATION COMMITTEE

(b) Address (number and street)

228 S. WASHINGTON ST.
STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

TAKE BACK THE HOUSE 2020

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824-0844

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(Including Joint Fundraising Representatives)

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(b) Address (number and street)

332 W LEE HWY
303

(c) City, State, and ZIP Code

WARRENTON

VA

20186

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)

PROTECT THE HOUSE

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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(b) Address (number and street)

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(c) City, State, and ZIP Code

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