

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <u>Timothy Peck</u>	
(b) Address (number and street) <u>Po Box 87</u>	<input checked="" type="checkbox"/> Check if address changed
2. FEC Candidate Identification Number <u>C00857714</u>	
(c) City, State, and ZIP Code <u>New Washington, IN 47162</u>	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>US House of Representatives</u>
6. State & District of Candidate <u>Indiana - 09</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) <u>Tim Peck for Congress</u>
(b) Address (number and street) <u>Po Box 87</u>
(c) City, State, and ZIP Code <u>New Washington, IN 47162</u>

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	Date
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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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(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)

(b) Address (number and street)

(c) City, State, and ZIP Code

Tim Peck for Congress
PO Box 83
New Washington, MD 21162

7022 0410 0001 6852 4343



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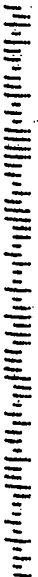
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<input type="checkbox"/> Overnight Delivery Service (Specify):	<div style="display: flex; justify-content: space-between;"> Shipping Date Date of Receipt </div> <div style="display: flex; justify-content: space-between;"> Next Business Day Delivery <input type="checkbox"/> </div>
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<p style="font-size: 2em; margin: 0;">MPC</p> <p>PREPARER (4/2023)</p>	<p style="font-size: 1.5em; margin: 0;">4/14/25</p> <p>DATE PREPARED</p>
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