

HAND DELIVERED

FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)	Warren Christopher		2. FEC Candidate Identification Number
(b) Address (number and street)	<input type="checkbox"/> Check if address changed		CO0550004
(c) City, State, and ZIP Code	Upper Marlboro, MD 20774		3. Is This New Statement <input checked="" type="checkbox"/> (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation	5. Office Sought	6. State & District of Candidate	Democrat Representative in Congress, MD-04

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)	Friends of Warren Christopher
(b) Address (number and street)	12138 Central Ave Suite 971
(c) City, State, and ZIP Code	Mitchellville, MD 20721

2015 JUL-8 PM 3:15
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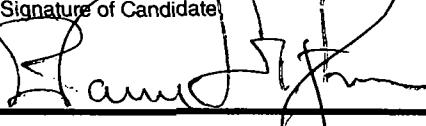
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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)	NONE
(b) Address (number and street)	N/A
(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
	8 July 2015

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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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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	7/8/15
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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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
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PREPARER (3/2015)	DATE PREPARED