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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|---|----------------------------|---------------|--------------|------------------|--|----------------|----------|----------|------------|--|
| | DOYLE, MICHAEL, , , (b) Address (number and street) | Chook if address shanged | | | | 2. Candidate's FEC Identification Number | | | | | |
| | 227 RAMPART BLVD | ☐ Check if address changed | | | | H2PA12070 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | | v | Amended | |
| | NEW KENSINGTON | PA 15068 | | | | Staten | , |) OR | X | (A) | |
| 4. | Party Affiliation | 5. Office Sou | | | 6. State & Dist | | date | | | | |
| | REPUBLICAN PARTY | House | | | PA | 12 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name of Committee (in full) FRIENDS OF MIKE DOYLE | | | | | | | | | | | |
| | (b) Address (number and street) PO BOX 2485 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | SPRINGFIELD | | | | VA | 22152 | 2 | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) | | | | | | | | | | | |
| 8. | I hereby authorize the following na candidacy. | med committee | , which is NO | T my princip | oal campaign cor | mmittee, to re | eceive and exp | end fund | s on bel | nalf of my | |
| NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | | |
| (a) Name of Committee (in full) TAKE BACK THE HOUSE 2022 | | | | | | | | | | | |
| TAIL DAON THE HOUSE 2022 | | | | | | | | | | | |
| | (b) Address (number and street) PO BOX 30844 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | BETHESDA | | | | MD | 20824 | | | | | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | | | | |
| DOYLE, MICHAEL, , , [Electronically Filed] 07/29/2022 | | | | | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)