FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1.	(a) Name of Candidate (in full) DOYLE, MICHAEL, , , ,										
	(b) Address (number and street) 227 RAMPART BLVD		2. Candidate's FEC Identification Number H2PA12070								
	(c) City, State, and ZIP Code						s 1	New			Amended
_	NEW KENSINGTON		PA	A 150		Staten		N)	OR	^	(A)
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sou House			6. State & Dist PA	trict of Candic 12	date				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) 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 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 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					
D	OYLE, MICHAEL, , ,			[Ele	ctronically Filed]	07/29/20	22				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)