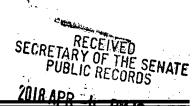


FEC FORM 2 STATEMENT OF CANDIDACY



(a) Name of Candidate (in full)								4	711	12:09
Kerri Evelyn Harris										
(b) Address (number and street) 106 WESTOVER DR	☐ Check if address changed							tion Nu	mber	
(c) City, State, and ZIP Code Dover, DE 19904			3.	Is 1 Sta	This tement		New (N)	OR		Amended (A)
4. Party Affiliation	5. Office Sought	6. State & Distr	rict o	f Car	ndidate					
Democratic Party	Senate	DE, 00								
DE	SIGNATION OF PRINCIPAL	CAMPAIGN	1 C	ОМ	МІТТ	EE				
7. I hereby designate the following nar	med political committee as my Principal (Campaign Comm	nittee	e for	···· —)18		_ electio	n(s)!	
NOTE: This designation should be	iled with the appropriate office listed in the	ne instructions.			(ye	ear oi e	election)		
(a) Name of Committee (in full)						•			·	
Kerri Evelyn Harris for Del	aware									
(b) Address (number and street)										
106 WESTOVER DR										
(c) City, State, and ZIP Code										
Dover, DE 19904										
candidacy.	ned committee, which is NOT my princip		nmitt	ee, to	o receiv	e and	expen	d funds	on bel	nalf of my
(a) Name of Committee (in full)					·····					
(b) Address (number and street)									•	
(c) City, State, and ZIP Code										
I certify that I have example	mined this Statement and to the best of	my knowledge a	nd b	elief	it is tru	e, con	ect and	d compl	ete.	
Signature of Candidate			Da	te						
Kerri Evelyn Harris		3/30/2018								
NOTE: Submission of false, erroneous	s, or incomplete information may subject	the person signir	ng th	nis St	atemer	it to pe	enalties	of 52 L	.S.C.	30109.
9-00068					_			FE	C FORM	2 (REV. 02/2009

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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Page	0	f	

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
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
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	(b) Address (number and street)
	(c) City, State, and ZIP Code
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	(b) Address (number and street)
	(c) City, State, and ZIP Code

Merri Evelyn Hamis 106 Westover Dr.

Dover, DE 19904

Secretary of the Senate
OCKice of Public Records
P. O. Box 77578
Washington, DC 20013-7578

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United States Senate

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