FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1. (a) Name of Candidate (in full)								
Reeves, Kristine, , ,								
(b) Address (number and street) PO Box 39536			2. Candidate's FEC Identification Number H0WA10042					
(c) City, State, and ZIP Code				3. Is This	Ne	W		Amended
Lakewood				Stateme	ent 🗶 (N) OR		(A)
4. Party Affiliation	5. Office Sought		6. State & Distr	rict of Candida	ite			
DEMOCRATIC PARTY	House		WA	10				
D	ESIGNATION OF PRIN		CAMPAIGN		TEE			
7. I hereby designate the following na	amed political committee as my	Principal C	ampaign Comn	_	2020 year of elec	electi tion)	on(s).	
NOTE: This designation should be	filed with the appropriate office	listed in the	e instructions.					
(a) Name of Committee (in full)								
Kristine Reeves for	Congress							
(b) Address (number and street) PO Box 39536								
(c) City, State, and ZIP Code								
Lakewood			WA	98499				
	ESIGNATION OF OTHI (Including Joint F				EES			
 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) 	(Including Joint F	⁻ undraising my principal	Representative	es)		bend funds	on beha	alf of my
 I hereby authorize the following na candidacy. NOTE: This designation should be 	(Including Joint F	⁻ undraising my principal	Representative	es)		bend funds	on beha	alf of my
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 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 	(Including Joint F	Fundraising	Representative	es) nmittee, to rec	eive and exp			alf of my
 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 	(Including Joint F med committee, which is NOT r filed with the principal campaig	Fundraising	Representative	es) nmittee, to rec	eive and exp			alf of my
 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 	(Including Joint F med committee, which is NOT r filed with the principal campaig	Fundraising	Representative	es) nmittee, to rec nd belief it is to Date	eive and exp			alf of my
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 8. I hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have existing and the street of Candidate Reeves, Kristine, , ,	(Including Joint F amed committee, which is NOT r filed with the principal campaign	Fundraising my principal n committee ne best of m [Electre	Representative I campaign com e. ny knowledge a onically Filed]	es) nmittee, to reco nd belief it is to Date 01/06/2020	eive and exp	and compl	ete.	· · · · · · · · · · · · · · · · · · ·
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