

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2019 MAY -6 PM 4:55

1. (a) Name of Candidate (in full) Peter Anthony Hovis			2. FEC Candidate Identification Number P000110363	
(b) Address (number and street) 5140 Maris Avenue, Unit 301		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Alexandria, VA 22304		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Independent	5. Office Sought President	6. State & District of Candidate Virginia District 8		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Peter A. Hovis(I), aka, RJ Hamster for President in 2020
(b) Address (number and street) 5140 Maris Ave., Unit 301
(c) City, State, and ZIP Code Alexandria, VA 22304

### 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

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 5/3/2019
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**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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(Including Joint Fundraising Representatives)

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(b) Address (number and street)

(c) City, State, and ZIP Code

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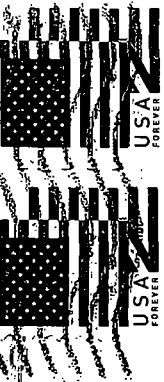
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70613  
5140 MARUS AVE  
UNIT 301  
ALEXANDRIA, VA  
22304



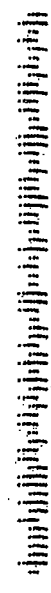
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1050 FIRST STREET, NE  
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	5/6/19 DATE PREPARED