PAGE 1 / 1

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FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (i	n full)									
Smith, Stefanie, , , (b) Address (number and street)							2. Condidate's FFC Identification Number				
	Box 662	i street)	☐ Check if address changed				Candidate's FEC Identification Number H0IL13066				
(c) City,	State, and ZIP C	ode					3. Is This		ew		Amended
Urk	oana			IL	6180	1	Staten	nent X (N) OR		(A)
4. Party At	ffiliation		Office Soug	ht		6. State & Dis	trict of Candid	date			
DEMO	CRATIC PARTY	′	House			IL	13				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)											
NOTE: This designation should be filed with the appropriate office listed in the instructions.											
(a) Name of Committee (in full) Stefanie Smith for the People											
(b) Address (number and street) PO Box 662											
(c) City,	State, and ZIP C	ode									
Uı	rbana					IL	61801	I			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. Liberaby authorize the following pared committee, which is NOT my principal campaign committee, to receive and expend funds on helpfl of my											
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				
Smith, Stefanie, , , [Electron						tronically Filed	10/19/20	19			
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)