

Image# 202402219622160145

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Coulombe, Chris, , Mr,			2. Candidate's FEC Identification Number H2CA02241	
(b) Address (number and street) 422 Larkfield Ctr #141		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Santa Rosa CA 95403		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CA 02		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) COMMITTEE TO ELECT CHRIS COULOMBE TO CONGRESS		
(b) Address (number and street) 422 LARKFIELD CTR #141		
(c) City, State, and ZIP Code SANTA ROSA CA 95403		

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) MILITARY ACCOUNTABILITY VICTORY FUND		
(b) Address (number and street) 422 LARKFIELD CTR PO BOX 141		
(c) City, State, and ZIP Code SANTA ROSA CA 95403		

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 Coulombe, Chris, , Mr,	Date 02/21/2024
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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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