

Image# 202402029619674155

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Hyser, Chris, , , | | | 2. Candidate's FEC Identification Number H4MD06258 | |
| (b) Address (number and street) 4940 Fox Tower Road | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Smithsburg MD 21783 | | 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 MD 06 | | |

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) CHRIS HYSER FOR CONGRESS | | |
| (b) Address (number and street) 4940 FOX TOWER RD | | |
| (c) City, State, and ZIP Code SMITHSBURG MD 21783 | | |

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) Wiser with Hyser, Chris Hyser for Congress | | |
| (b) Address (number and street) 4940 Fox Tower Rd | | |
| (c) City, State, and ZIP Code Smithsburg MD 21783 | | |

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 Hyser, Chris, , , | Date 02/02/2024 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|