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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	DeFazio, Peter, A, , (b) Address (number and street)		hock if addra	2. Candidate's FEC Identification Number							
	PO Box 1316	☐ Check if address changed				H6OR04047					
	(c) City, State, and ZIP Code					3. Is This	Nev	/		Amended	
	Springfield	OR 97477				Statement	x (N)	OR		(A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate					
	DEMOCRATIC PARTY	House			OR	04					
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)											
DeFazio for Congress											
	(b) Address (number and street)										
	PO Box 1316										
	(c) City, State, and ZIP Code										
	Springfield				OR	97477					
_											
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)											
	(1) A 11 (1)										
(b) Address (number and street)											
(c) City, State, and ZIP Code											
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true	, correct a	nd compl	ete.		
Signature of Candidate Date											
D_{i}	eFazio, Peter, A, ,	[Electronically Filed]				12/04/2018					
				Elec	ironicumy 1 meuj						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)