## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1.  | (a) Name of Candidate (in full)  |                                |        |          |                 |   |            |     |        |                  |  |
|---|--|--------------------------------|--------|----------|-----------------|---|------------|-----|--------|------------------|--|
| _   | Jeffries, Robert, , ,  |                                |        |          |                 |   |            |     |        |                  |  |
|   | (b) Address (number and street)<br>PO Box 766  | et)   Check if address changed |        |          |                 | 2. Candidate's FEC Identification Number<br>H0PA10128 |            |     |        |                  |  |
|   | c) City, State, and ZIP Code   |                                |        |          |                 | 3. Is Thi   |            | lew |        | Amended          |  |
|   | Hershey  | 3                              | Stater | ment 🗶 ( | N) <b>OR</b>    | - LL  | (A)        |     |        |                  |  |
| 4.  | Party Affiliation  | 5. Office Sought               |        |          | 6. State & Dist | rict of Candi   | date       |     |        |                  |  |
|   | REPUBLICAN PARTY   | House                          |        |          | PA              | 10  |            |     |        |                  |  |
| 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(s). |                                |        |          |                 |   |            |     |        |                  |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                                |        |          |                 |   |            |     |        |                  |  |
| (a) Name of Committee (in full)<br>Bobby Jeffries for Congress  |  |                                |        |          |                 |   |            |     |        |                  |  |
|   | (b) Address (number and street)<br>PO Box 766  |                                |        |          |                 |   |            |     |        |                  |  |
|   | (c) City, State, and ZIP Code  |                                |        |          |                 |   |            |     |        |                  |  |
|   | Hershey  |                                |        |          | PA              | 17033   | 3          |     |        |                  |  |
| <ul> <li>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.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> <li>(a) Name of Committee (in full)</li> </ul> |  |                                |        |          |                 |   |            |     |        |                  |  |
| (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   |  |                                |        |          |                 |   |            |     |        |                  |  |
| Je  | Jeffries, Robert, , , [Electronically Filed]   |                                |        |          |                 |   | 07/23/2019 |     |        |                  |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |  |                                |        |          |                 |   |            |     |        |                  |  |
|   |  |                                |        |          |                 |   |            |     |        |                  |  |
|   |  |                                |        |          |                 |   |            | FE  | C FORM | 2 (REV. 02/2009) |  |