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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Holder, Derrick, Ross, , (b) Address (number and street)		ook if oddes -	- obor ===-1		2 Condidate!	S EEO Idamiii	antice N	umbaa		
	7192 Old Morgantown Rd	7192 Old Morgantown Rd					Candidate's FEC Identification Number H4IN04255				
	(c) City, State, and ZIP Code					3. Is This	New			Amended	
	Martinsville		IN	4615		Statemen	. ,	OR	Ш	(A)	
4.	Party Affiliation	5. Office Sough	it			rict of Candidate	9				
	DEMOCRATIC PARTY	House			IN	04					
	DE	SIGNATION	N OF PRI	NCIPAL	CAMPAIGN	N COMMITT	ΓEE				
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be f	iled with the app	ropriate office	e listed in th	ne instructions.						
	(a) Name of Committee (in full)										
	Derrick Holder for C	ongress									
	(b) Address (number and street)										
	7192 Old Morgantown Rd										
-	(c) City, State, and ZIP Code										
	Martinsville				IN	46151					
(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) (b) Address (number and street) (c) City, State, and ZIP Code											
_	(a) Name of Committee (in full) (b) Address (number and street)										
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ment and to t	he hest of	my knowledge a	and helief it is tru	le correct an	d comple	nte.		
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to t	he best of l	my knowledge a		ie, correct and	d comple	ete.		
Si	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to t	he best of l	my knowledge a	and belief it is tru	ue, correct and	d comple	ete.		
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	mined this State	ement and to t	he best of i	my knowledge a		ie, correct and	d comple	ete.		
H	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate					Date 01/26/2024				7g.	
H	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing a committee (in full)					Date 01/26/2024				7g.	
H	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing a committee (in full)					Date 01/26/2024				7g.	

FEC FORM 2 (REV. 02/2009)