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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|--|--|----------------------------|----|-------|-----------------|---|--------------|----|-----|-------|--|
| | Rowe, Christopher, Lee, , | | | | | | | | | | |
| | (b) Address (number and street) 1192 Highway 91 | ☐ Check if address changed | | | | Candidate's FEC Identification Number H0TN01043 | | | | | |
| | (c) City, State, and ZIP Code | City, State, and ZIP Code | | | | 3. Is This | Ne | w | Am | ended | |
| | Elizabethton | TN 37643 | | | | Statement | x (N) | OR | (A) | | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | rict of Candidate | | | | | |
| | DEMOCRATIC PARTY | House | | | TN | 01 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 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) CHRIS ROWE FOR AMERICA | | | | | | | | | | | |
| | (b) Address (number and street) 1192 HIGHWAY 91 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | ELIZABETHTON | | | | TN | 37643 | | | | | |
| | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| (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. | | | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | | | - | |
| Rowe, Christopher, Lee, , | | | | [Elec | 03/03/2019 | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)