

Image# 202001239167339214

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|--|---|
| 1. (a) Name of Candidate (in full) Wright, Christopher, Robert, , | | |
| (b) Address (number and street) 13050 Moss Park Ridge Dr. | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Orlando | | FL 32832 |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought House |
| | | 6. State & District of Candidate FL 09 |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)

Christopher Wright for Congress

(b) Address (number and street)

13050 Moss Park Ridge Dr.

(c) City, State, and ZIP Code

Orlando

FL

32832

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.

| | |
|--|--------------------|
| Signature of Candidate Wright, Christopher, Robert, , | Date 01/23/2020 |
| <i>[Electronically Filed]</i> | |

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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