For help completing Form 2, please double-click the (**)) icon next to each line number.

FEC FORM 2 STATEMENT OF CANDIDACY.

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1. (a) Name of Amy C	•	ull)											A# 11
1500 H	(number and st	ase Driv		eck if address	changed	1 ()	2. 10	dentificati	ion Numb	per F	EC M		
Westla	e, and ZIP Cod ake, Ohio 4	4145				1)	<u> </u>	Is This Stateme	ent 🗹	New (N)	OR		Amende (A)
4. Party Affiliati	on		Office Sought United State		1	6. State & Dis Ohio, D							
		DES	IGNATION	OF PRIN	ICIPAL (CAMPAIG	N C	тіммс	TEE				_
7. I hereby des	ignate the follo	wing name	d political com	mittee as my	Principal Ca	ampaign Com	mittee	for the	year of e	lection)	electio	n(s).	
NOTE: This	designation sh	ould be file	d with the app	opriate office	listed in the	e instructions.			year or e	ilection)	,		
(a) Name of	Committee (in							<u> </u>	-				
(b) Address	(number and st	reet)											
5 (8) 1.000	(manneor and or												
₹													
(c) City, Stat	e, and ZIP Cod	le											
8. I hereby aut	horize the follo			cluding Joint I	Fundraising	Representati	ives)			expend	d funds (on beh	alf of my
candidacy. NOTE: This	horize the follow designation shall Committee (in	wing name	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			expend	d funds (on beh	alf of my
candidacy. NOTE: This (a) Name of	designation sh	wing name	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			expend	d funds o	on beh	alf of my
candidacy. NOTE: This (a) Name of	designation sh	wing name ould be file full)	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			expend	d funds o	on beh	alf of my
candidacy. NOTE: This (a) Name of	designation sh	wing name ould be file full)	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			expend	d funds (on beh	alf of my
candidacy. NOTE: This (a) Name of (b) Address	designation sh	wing name ould be file full) treet)	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			ехрепс	d funds o	on beh	alf of my
candidacy. NOTE: This (a) Name of (b) Address	designation sh Committee (in (number and s	wing name ould be file full) treet)	(Ind d committee, w	cluding Joint I hich is NOT i	Fundraising my principa	Representati	ives)			expend	d funds (on beh	alf of my
candidacy. NOTE: This (a) Name of (b) Address	designation sh Committee (in (number and s	wing name ould be file full) treet)	(Indicated)	cluding Joint I	Fundraising my principal m committee	Representati	ves)	e, to rec	eive and	- management			alf of my
candidacy. NOTE: This (a) Name of (b) Address (c) City, State	designation sh Committee (in (number and s	wing name ould be file full) treet)	(Ind d committee, w	cluding Joint I	Fundraising my principal m committee	Representati	and be	ee, to rece	eive and	- management			alf of my
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candidacy. NOTE: This (a) Name of (b) Address (c) City, State Signature of C	designation sh Committee (in (number and s te, and ZIP Cod I certify that I Candidate	wing name ould be file full) treet)	(Indicommittee, with the prince of this States	cluding Joint I	Fundraising my principal m committee	Representati I campaign co e.	and be	ele, to reco	eive and	ect and	-201	ete.	grad .

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