

Image# 202411129719968225

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smucker, Lloyd, K., ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 248 Steel Way PO Box 7066		2. Candidate's FEC Identification Number H6PA16320
(c) City, State, and ZIP Code Lancaster PA 17601		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate PA 11

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) Smucker for Congress		
(b) Address (number and street) 548 Steel Way PO Box 7066		
(c) City, State, and ZIP Code Lancaster PA 17604		

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) Smucker Victory Committee		
(b) Address (number and street) 824 S Milledge Ave Ste 101		
(c) City, State, and ZIP Code Athens GA 30605		

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 Smucker, Lloyd, K., ,	Date 11/12/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

NO LABELS PROBLEM SOLVERS POLITICAL ACTION COMMITTEE (NO LABELS PROBLEM SOLVERS PAC)

(b) Address (number and street)

1130 CONNECTICUT AVE NW SUITE 325

(c) City, State, and ZIP Code

WASHINGTON

DC

20036

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

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

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(c) City, State, and ZIP Code