

FEC FORM 2

STATEMENT OF CANDIDACY

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FEC MAIL CENTER

NOV 16 AM 10:33

1. (a) Name of Candidate (in full) JD MINNEAR			2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3568 N WHEATON AVE		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code INDIANAPOLIS, IN 46224			
4. Party Affiliation REPUBLICAN	5. Office Sought US HOUSE REP	6. State & District of Candidate IN-7	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) MINNEAR FOR CONGRESS
(b) Address (number and street) PO BOX 533075
(c) City, State, and ZIP Code INDIANAPOLIS, IN 46253

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.

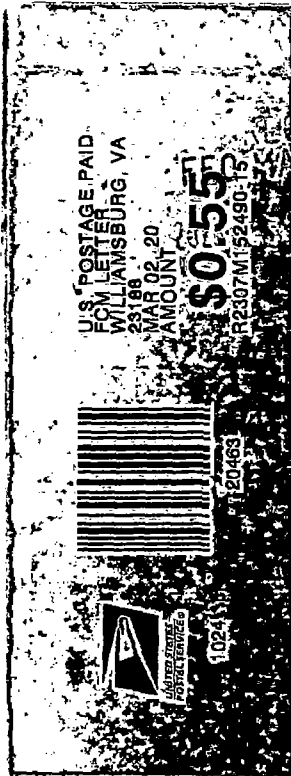
Signature of Candidate JD Minnear	Date 3-2-20
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

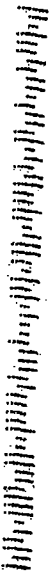
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2025 RELEASE UNDER E.O. 14176

MINIAR FOR CONGRESS
PO BOX 533075
INDIANAPOLIS, IN 46253



FEDERAL ELECTION COMMISSION
1050 FIRST STREET, NE
WASHINGTON, DC 20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> USPS First Class Mail Postmarked	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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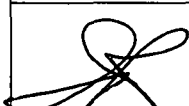
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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 PREPARER	<i>06-22</i> DATE PREPARED
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