

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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2019 DEC 13 AM 11:51

1. (a) Name of Candidate (in full) <i>Timothy Wayne Gassaway</i>			2. FEC Candidate Identification Number <i>HUTX13236</i>	
(b) Address (number and street) <i>1604 NW 20<sup>th</sup> B</i>		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <i>Amarillo, TX 79107</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <i>Democratic</i>	5. Office Sought <i>House</i>	6. State & District of Candidate <i>Texas 13<sup>th</sup></i>		

**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) <i>Timothy W. Gassaway For Congress</i>
(b) Address (number and street) <i>1604 NW 20<sup>th</sup> A</i>
(c) City, State, and ZIP Code <i>Amarillo, TX 79107</i>

**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 <i>TW Gassaway</i>	Date <i>12/12/19</i>
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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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Timothy Gassaway  
1604 NW 25th B  
Amarillo, TX 79107

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

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PHONE (202) 694-1100  
Federal Election Commission  
1050 First Street, N.E.,  
Washington, D.C. 20463

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20463

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PAYMENT BY ACCOUNT (if applicable)

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Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 19120	Scheduled Delivery Date (MM/DD/YYYY) 12-12-19	Postage \$ 25.50	
Date Accepted (MM/DD/YYYY) 12-12-19	Scheduled Delivery Time <input checked="" type="checkbox"/> 12:00 PM <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 4:03 PM	10:30 AM Delivery Fee \$	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$ 25.50	
Weight 1.17 ozs.	Acceptance Employee Initials JLB	Employee Signature	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY) Time	Delivery Attempt (MM/DD/YYYY) Time	Employee Signature	

LABEL 11-B, JULY 2018

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES  
PREPARER
12/13/19  
DATE PREPARED

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