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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	MAYBERRY, MATT, , , (b) Address (number and street) PO BOX 1776	Address (number and street) Check if address changed				2. Candidate's FEC Identification Number H0NH01290				
	(c) City, State, and ZIP Code						lew		Amended	
	DOVER		NH	0382	1	Statement X (N	N) OR	(,	A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate				
	REPUBLICAN PARTY	House			NH	01				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full) MATT MAYBERRY FOR CONGRESS										
	(b) Address (number and street) PO BOX 1776									
	(c) City, State, and ZIP Code									
	DOVER				NH	03821				
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 exa	mined this Statement	and to the	e best of	my knowledge a	nd belief it is true, correct	t and comple	ete.		
Signature of Candidate						Date				
М	AYBERRY, MATT, , ,	[Electronically Filed]				01/16/2020				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)