FEC FORM 2

STATEMENT OF CANDIDACY

	of Candidate (in full)									
	nulnier, Mark, , ,									
	(b) Address (number and street) ☐ Check if address changed PO Box 6066					Candidate's FEC Identification Number H0CA10073				
(c) City, S	State, and ZIP Code					3. Is This	s Nev	V		Amended
Cond			CA	9452	4	Staten	nent (N)	OR	×	(A)
4. Party Affil	liation	5. Office Soug	ht		6. State & Dist	trict of Candid	date			
DEMOC	RATIC PARTY	House			CA	10				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
NOTE: Th	nis designation should be	filed with the ap	propriate offi	ce listed in t	he instructions.					
` ,	of Committee (in full)									
Ma	rk DeSaulnier fo	r Congres	S							
/b) A d d a	as (according to a district)									
` '	ss (number and street) 17th Street, NW									
	925									
(c) City, S	State, and ZIP Code									
	shington				DC	20006	3			
VVC	Simigion				20		•			
8. I hereby a	DI authorize the following na	(Including Joir	nt Fundraisir	THORIZED ng Representativ al campaign cor	/es)	_	end funds	on bel	nalf of my
candidacy	y.									
NOTE: Th	nis designation should be	filed with the pr	ncipal campa	aign committ	ee.					
(a) Name	of Committee (in full)									
	()									
(b) Addre	ss (number and street)									
(c) City, S	State, and ZIP Code									
()),										
	I certify that I have ex	amined this Sta	tement and to	the best of	my knowledge a	and belief it is	s true, correct a	nd comple	ete.	
Signature o	f Candidate					Date				
DeSaulnier, Mark										
Desammer, 1	<i></i>			[Elec	tronically Filed]	04/17/20	122			
NOTE: Subn	nission of false, erroneous	s, or incomplete	information n	nay subject	the person signi	ng this State	ment to penaltion	es of 2 U.S	S.C. §4	37g.
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NOTE: Subn	nission of false, erroneous	s, or incomplete	information n	nay subject	the person signi	ng this Stater	ment to penaltic	es of 2 U.S	S.C. §4	37g.

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