

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) GREGORY A. ANDREWS, MD		2. Candidate's FEC Identification Number
(b) Address (number and street) ☐ Check if address changed 53251 SUNSET MARBLE DRIVE		
(c) City, State, and ZIP Code SOUTH		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought HOUSE	6. State & District of Candidate IN 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) GREG ANDREWS, MD FOR CONGRESS
(b) Address (number and street) PO BOX 750
(c) City, State, and ZIP Code SOUTH BEND, IN 46624

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 (to 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 GREGORY A. ANDREWS, MD <i>Gregory A. Andrews, MD</i>	Date 12/7/2011
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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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