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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Meehan, Andrew, , ,									
	(b) Address (number and street) POBOX 1153	☐ Check if address changed			Candidate's FEC Identification Number H0PA01317					
	(c) City, State, and ZIP Code					3. Is This		lew		mended
	SOUTHAMPTON		PA	18966		Stateme	ent 🗶 (I	N) OR	()	A)
4.	Party Affiliation	5. Office Sought			6. State & Distr		ate			
	REPUBLICAN PARTY	House			PA	01				
	DE	SIGNATION O	F PRINC	IPAL (CAMPAIGN		TTEE			
7.	I hereby designate the following na	med political committe	ee as my Pr	incipal C	ampaign Comm		2020 (year of ele	election)	on(s).	
	NOTE: This designation should be	iled with the appropri	ate office lis	ted in the	e instructions.					
	(a) Name of Committee (in full)									
	FOAM Friends of A	ndrew Meeha	n							
	(b) Address (number and street) PO BOX 1153									
	(a) City Ctata and ZID Code									
	(c) City, State, and ZIP Code									
	SOUTHAMPTON				PA	18966				
8.	I hereby authorize the following nar candidacy. NOTE: This designation should be to the committee (in full) (b) Address (number and street)	ned committee, which	is NOT my	principa		•	eeive and ex	xpend funds	on behal	If of my
	(c) City, State, and ZIP Code									
	I certify that I have exa	mined this Statement	t and to the	best of m	ny knowledge al	nd belief it is	true, correc	t and comple	ete.	
	gnature of Candidate					Date				-
M	eehan, Andrew, Martin, ,			[Electr	onically Filed]	07/19/201	9			
_						•				
NC	OTE: Submission of false, erroneous	, or incomplete inform	nation may s	ubject th	e person signin	g this Statem	ent to pena	lities of 2 U.S	S.C. §437	' g.
NC	DTE: Submission of false, erroneous	, or incomplete inform	nation may s	ubject th	e person signin	g this Statem	ent to pena	lities of 2 U.S	S.C. §437	' g.
NC	DTE: Submission of false, erroneous	, or incomplete inform	nation may s	ubject th	e person signin	g this Statem	ent to pena	alties of 2 U.S	S.C. §437	'g.

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