

Image# 202404159627747266

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Coughlin, Kevin, , ,		2. Candidate's FEC Identification Number H4OH13153
(b) Address (number and street) 4534 Barnsleigh Dr		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Akron OH 44333-1655		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate OH 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Coughlin for Congress		
(b) Address (number and street) 9856 Archer Ln		
(c) City, State, and ZIP Code Dublin OH 43017-8914		

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) Coughlin for OH-13 Republican Nominee Fund 2024		
(b) Address (number and street) PO Box 9891		
(c) City, State, and ZIP Code Arlington VA 22219-1891		

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 Coughlin, Kevin, , ,	Date 04/15/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Summit County Lincoln Day Committee

(b) Address (number and street)

3250 W Market St
Ste 103

(c) City, State, and ZIP Code

Fairlawn OH 44333-3319

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)

SCALISE LEADERSHIP FUND 2024

(b) Address (number and street)

320 1ST ST SE

(c) City, State, and ZIP Code

WASHINGTON DC 20003

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)

COUGHLIN FOR CONGRESS-GTM NF OH13

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

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