Image# 201907309161239278 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

1 (a) Name										
	e of Candidate (in full)									
	er, Jason, , Dr.,					100				
	o) Address (number and street) ☐ Check if address changed PO Box 1376			hanged		Candidate's FEC Identification Number     H0NC02109				
(c) City, S	State, and ZIP Code					3. Is This	Nev		Amended	
	phtdale		NC	27545	5	Statem	ent X (N)	OR	(A)	
4. Party Affi	iliation	5. Office Sought			6. State & Dist		ate		_	
DEMOC	CRATIC PARTY	House			NC	02				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election)										
	his designation should be	filed with the appro	priate office lis	sted in th	e instructions.					
` '	e of Committee (in full)									
Jas	son Butler for Co	ngress								
	ess (number and street) Box 1376									
(c) City, S	State, and ZIP Code									
Kni	ightdale				NC	27545				
	D.F	OLONIATION	0F 0TUE	D 4117		0014141				
	DE	SIGNATION (Incl.)		_	HORIZED Representativ		IEES			
8. I hereby candidad	authorize the following nar	ned committee, wh	ich is NOT my	/ principa	l campaign con	nmittee, to red	ceive and exp	end funds	on behalf of my	
NOTE: T	his designation should be	filed with the princip	oal campaign	committe	e.					
(a) Name	e of Committee (in full)									
(4) 114111	o o. o o									
(b) Addre	ess (number and street)									
(6) / (44)										
(5) / (dd) (										
	State and 7IP Code									
	State, and ZIP Code									
	State, and ZIP Code									
	<i>,</i>									
(c) City, S	I certify that I have exa	amined this Statem	ent and to the	best of r	ny knowledge a	and belief it is	true, correct a	nd compl	ete.	
(c) City, S	<i>,</i>	amined this Statem	ent and to the	best of r	ny knowledge a	and belief it is	true, correct a	nd compl	ete.	
(c) City, S	I certify that I have exact	amined this Statem	ent and to the					nd compl	ete.	
(c) City, S	I certify that I have exact	amined this Statem	ent and to the		ny knowledge a ronically Filed]	Date		nd compl	ete.	
(c) City, S	I certify that I have exact	amined this Statem	ent and to the			Date		nd compl	ete.	
(c) City, S Signature of Butler, Jason	I certify that I have exact			[Electi	onically Filed]	<b>Date</b> 07/30/201	9			
(c) City, S Signature of Butler, Jason	I certify that I have exact of Candidate n, , Dr.,			[Electi	onically Filed]	<b>Date</b> 07/30/201	9			
(c) City, S Signature of Butler, Jason	I certify that I have exact of Candidate n, , Dr.,			[Electi	onically Filed]	<b>Date</b> 07/30/201	9			

FEC FORM 2 (REV. 02/2009)