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FEC FORM 2

STATEMENT OF CANDIDACY

	me of Candidate (in full)							
	aples, Chris, , ,							
	p) Address (number and street) ☐ Check if address changed PO Box 8					Candidate's FEC Identification Number H4NC08108		
(c) City	, State, and ZIP Code					3. Is This New Amer	ded	
Ro	ockingham		NC	28380)	Statement X (N) OR (A)		
4. Party A	Affiliation	5. Office Sought				rict of Candidate		
REPU	JBLICAN PARTY	House			NC	08		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Nar	me of Committee (in full)							
M	laples for Congres	S						
(b) Add	dress (number and street)							
PO	O Box 8							
(c) City	, State, and ZIP Code							
R	Rockingham				NC	28380		
	D.F.	COLONIATION OF	OTHE			0044477770		
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								
candid	•	nea committee, which	is NOT IIIy	principa	ii campaign con	infilitee, to receive and expend funds on behalf of t	iiy	
NOTE: This designation should be filed with the principal campaign committee.								
(a) Name of Committee (in full)								
(b) Add	dress (number and street)							
(c) City	/ State and ZIP Code							
(c) City	, State, and ZIP Code							
(c) City	, State, and ZIP Code							
(c) City								
	I certify that I have exa	mined this Statement a	and to the	best of r	my knowledge a	nd belief it is true, correct and complete.		
		nmined this Statement a	and to the l	best of r	my knowledge a	nd belief it is true, correct and complete. Date		
Signature	I certify that I have exa	nmined this Statement a	and to the i	best of r	ny knowledge a			
	I certify that I have exa	nmined this Statement a	and to the	best of r	my knowledge a	Date		
Signature	I certify that I have exa	mined this Statement a	and to the i	best of r	ny knowledge a	Date		
Signature Maples, C	I certify that I have exa e of Candidate Chris, , ,					Date		
Signature Maples, C	I certify that I have exa e of Candidate Chris, , ,					Date 12/18/2023		
Signature Maples, C	I certify that I have exa e of Candidate Chris, , ,					Date 12/18/2023		

FEC FORM 2 (REV. 02/2009)