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FEC FORM 2

STATEMENT OF CANDIDACY

_										
1. (a) Name of Candidate (in full) HERROD, CHRISTOPHER, Niles, ,										
	(b) Address (number and street) ☐ Check if address changed 4125 NORTH CRESTVIEW AVENUE					Candidate's FEC Identification Number H8UT03253				
	(c) City, State, and ZIP Code PROVO	L	JT 8460)4	3. Is This Stateme	~			Amended (A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sought House		6. State & Dis	trict of Candida	ate				
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) Name of Committee (in full)										
FRIENDS OF CHRISTOPHER HERROD FOR CONGRESS										
(b) Address (number and street) 4125 N. CRESTVIEW AVENUE										
	(c) City, State, and ZIP Code									
	PROVO			UT	84604					
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)										
(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						Date				
Herrod, Chris, , ,						04/17/2024				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)