

Image# 202104089443147285

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) KINZINGER, ADAM, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 25566 S KEATING BOULEVARD		2. Candidate's FEC Identification Number HOIL11052
(c) City, State, and ZIP Code CHANNAHON IL 60410		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 IL 16

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) KINZINGER FOR CONGRESS		
(b) Address (number and street) PO BOX 2365		
(c) City, State, and ZIP Code OTTAWA IL 61350-6965		

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) ADAM KINZINGER - FUTURE 1ST COMMITTEE		
(b) Address (number and street) PO BOX 2381		
(c) City, State, and ZIP Code OTTAWA IL 61350		

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 KINZINGER, ADAM, , , <i>[Electronically Filed]</i>	Date 04/08/2021
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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)

The Governing Leaders Fund

(b) Address (number and street)

610 S. Boulevard

(c) City, State, and ZIP Code

Tampa

FL

33606

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)

COUNTRY FIRST

(b) Address (number and street)

PO BOX 2385

(c) City, State, and ZIP Code

OTTAWA

IL

61350

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

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