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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|--|--|---------------------------------------|-----|------|----|--|--------|----------------------------------|--------|--|--|
| | Haggard, Douglas, , , | · · · · · · · · · · · · · · · · · · · | | | | | | O Occadidatela EEO Idaasiii ii N | | | |
| | (b) Address (number and street) 7010 Greatwood Trails Ct. | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number H0TX22229 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | New | | mended | | |
| | Sugar Land | | (T | 7747 | | Statement | (N) OR | (A | 4) | | |
| 4. | Party Affiliation | 5. Office Soug | jht | | | rict of Candidate | | | | | |
| | REPUBLICAN PARTY | House | | | TX | 22 | | | | | |
| 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) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| Committee to Elect Douglas Haggard | | | | | | | | | | | |
| (b) Address (number and street) 7014 GREATWOOD TRAILS CT | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Sugar Land | | | | TX | 77479 | | | | | |
| (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. | | | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | | | | |
| H | aggard, Douglas, , , | [Electronically Filed] | | | | 09/18/2019 | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)