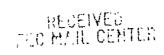
# FEC FORM 2 STATEMENT OF CANDIDACY



2019 JUN 10 AM 9:55

1. (a) Name of Candidate (in full)  DEAN A. SEPPELERTCK	
DEAN A. SEPPELFRICK  (b) Address (number and street)	r
(c) City, State, and ZIP Code  AURORA, TULTNOTS 60506  3. Is This Statement (N) OR	Amended (A)
4. Party Affiliation REPUBLICAN U.S. SENATE 6. State & District of Candidate TLUINOIS	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the QOQD (year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.	).
(a) Name of Committee (in full)	
SEPPELFRICK FOR SENATE 2020 (b) Address (number and street)	·
882 NORTH SHELDON AVENUE	
(c) City, State, and ZIP Code	
AUROPA, ILLINOIS 60506	<del></del>
DESIGNATION OF OTHER AUTHORIZED COMMITTEES	
(Including Joint Fundraising Representatives)	
<ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on be candidacy.</li> </ol>	oehalf of my
	pehalf of my
candidacy.	oehalf of my
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)	pehalf of my
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE	pehalf of my
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)	pehalf 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)	pehalf 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)	pehalf of my
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date	pehalf of my
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date  6-4-2019	
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that have examined his Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date  1 Certify that have examined his Statement and to the best of my knowledge and belief it is true, correct and complete.	
candidacy.  NOTE: This designation should be filed with the principal campaign committee.  NONE  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  Signature of Candidate  Date  C— 47–2019	

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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. <b>NOTE</b> : 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. <b>NOTE</b> : 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. <b>NOTE</b> : 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			
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(3/2015)