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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Di Paola, John, , ,	Chapt if address the second				2 Candidata's EEO L-I-	ntification Number	
	(b) Address (number and street) PO Box 99	☐ Check if address changed				2. Candidate's FEC Identification Number H2OR05217		
	(c) City, State, and ZIP Code						ew Amended	
	Wilsonville		OF	R 9707	0	Statement (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug	jht			rict of Candidate		
	REPUBLICAN PARTY	House			OR	05		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) Dr. John Di Paola for Congress 2022								
	(b) Address (number and street) PO Box 99							
	(c) City, State, and ZIP Code							
	Wilsonville				OR	97070		
_								
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)								
(S) reactions (named) and official								
(c) City, State, and ZIP Code								
	Loovet H-416-	main and their Co	tomont = = = 1 t	4h o h 4 '	many lan any de- de-	and haliafit is town	t and complete	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
	gnature of Candidate					Date		
D_i	i Paola, John, , Dr.,	[Electronically Filed]				01/13/2022		
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)