

Image# 201910109163811372

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|---|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Moore, John, William, , | | | 2. Candidate's FEC Identification Number H0AZ01390 | |
| (b) Address (number and street) 225 west sherman street | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Williams AZ 86046 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | 6. State & District of Candidate AZ 01 | | |

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) John W. Moore for congress | | |
| (b) Address (number and street) 321 east route 66 | | |
| (c) City, State, and ZIP Code Williams AZ 86046 | | |

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 Moore, John, William, , <i>[Electronically Filed]</i> | Date 10/10/2019 |
|--|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|