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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Conner, Phillip, , Dr,		2. Candidate's FEC Identification Number H8LA03045
(b) Address (number and street) 2032 Charvais Drive		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Lake Charles LA 70601		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate LA 03

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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 Phillip Conner MD	
(b) Address (number and street) 4820 Lake Street	
(c) City, State, and ZIP Code Lake Charles LA 70605	

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 Conner, Phillip, , Dr, <i>[Electronically Filed]</i>	Date 09/28/2017
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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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