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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Chrin, John, R, ,							
	(b) Address (number and street) P.O. Box 310 7198 Skytop Meadow Drive	,		Candidate's FEC Identification Number H8PA17050				
	(c) City, State, and ZIP Code					3. Is This No	ew	Amended
	Skytop		P	A 183	57	Statement (N	l) OR	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			PA	08		
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGN	N COMMITTEE		
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)							
	NOTE: This designation should be f	iled with the ap	opropriate off	ice listed in	the instructions.			
	(a) Name of Committee (in full) John Chrin for Cong	ıress						
	(b) Address (number and street) 1214 Broadway							
	(c) City, State, and ZIP Code							
	Fountain Hill				PA	18015		
	I hereby authorize the following nan candidacy.				, -	nmittee, to receive and ex	pend funds on b	pehalf of my
	NOTE: This designation should be f	iled with the pr	incipal campa	aign commit	tee.			
	(a) Name of Committee (in full) GT FORCE							
	(b) Address (number and street) 824 S MILLEDGE AVE STE 1	01						
	(c) City, State, and ZIP Code							
	ATHENS				GA	30605		
	I certify that I have exa	mined this Sta	tement and to	o the best o	^f my knowledge a	nd belief it is true, correct	and complete.	
Sig	nature of Candidate					Date		•
Ch	rin, John, R, ,			[Elec	ctronically Filed]	10/15/2018		
NO	TE: Submission of false, erroneous	or incomplete	information r	may subject	the person signir	ng this Statement to penal	ties of 2 U.S.C.	§437g.
						· · · · · · · · · · · · · · · · · · ·	-	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2

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. NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	CHRIN WEBBER VICTORY COMMITTEE								
	(b) Address (number and street) 332 W LEE HWY								
	# 303								
	(c) City, State, and ZIP Code								
	WARRENTON VA 20186								
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. 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								
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. 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								
	(c) City, State, and ZIF Code								
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. 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								
	V-1								