

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2019 DEC 16 PM 12:28

1. (a) Name of Candidate (in full) <u>Kathi Flanders</u>			2. FEC Candidate Identification Number <u>To be assigned</u>		
(b) Address (number and street) <u>11101 Ashbury Meadows Dr.</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
(c) City, State, and ZIP Code <u>Dayton, OH 45458</u>					
4. Party Affiliation <u>Republican</u>	5. Office Sought <u>U.S. Congress</u>	6. State & District of Candidate <u>Ohio 10th District</u>			

### 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) <u>Friends of Kathi Flanders</u>
(b) Address (number and street) <u>11101 Ashbury Meadows Dr.</u>
(c) City, State, and ZIP Code <u>Dayton, OH 45458</u>

### 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) <u>N/A</u>
(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 <u>Kathi Flanders</u>	Date <u>12/10/19</u>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Kathleen Landers  
11101 Ashbury Meadows Dr.  
Dayton, OH 45458

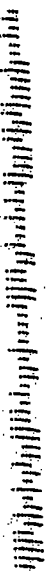
COLOMBUS OH 432

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Federal Election Commission  
1050 First St, N.E.  
Washington, DC 20463



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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<u>EL</u>	<u>12/16/19</u>
PREPARER	DATE PREPARED

(3/2015)

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