Image# 201907169151385398

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Bray, Shannon, , ,

(b) Address (number and street) ☐ Check if address changed
215 Mystic Pine Pl

(c) City, State, and ZIP Code
Apex NC 27539

2. Candidate's FEC Identification Number
S0NC00335

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
LIBERTARIAN

5. Office Sought
Senate

6. State & District of Candidate
NC 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
FRIENDS OF SHANNON BRAY

(b) Address (number and street)
215 MYSTIC PINE PL

(c) City, State, and ZIP Code
APEX NC 27539

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	**Date**
Bray, Shannon, W, Mr., ***[Electronically Filed]***	07/16/2019

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