FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full) | | | | | | |
|---|-----------------------------|-------------------|------------------------|---|-------------------|-------------------------|
| ROBINSON, EMILY, , , (b) Address (number and street) 3849 E BROADWAY BLVD 173 | | | | 2. Candidate's FEC Identification Number H0AZ04527 | | |
| (c) City, State, and ZIP Code | | | | 3. Is This | New | Amended |
| | AZ 85716 | | | Statement | (N) OR | × (A) |
| 4. Party Affiliation INDEPENDENT | 5. Office Sought House | | 6. State & Distr AZ | ict of Candidate 04 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | |
| I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2020</u> election(s). (year of election) | | | | | | |
| NOTE: This designation should be fi | led with the appropriate of | fice listed in tl | ne instructions. | | | |
| (a) Name of Committee (in full) EMILY ROBINSON | FOR CONGRES | S | | | | |
| (b) Address (number and street) 3849 E BROADWAY BLVD 17 | 73 | | | | | |
| (c) City, State, and ZIP Code | | | | | | |
| TUCSON | | | AZ | 85716 | | |
| 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the final structure of Committee (in full) | | | | imittee, to receive an | d expend funds | on behalf of my |
| (b) Address (number and street) | | | | | | |
| (c) City, State, and ZIP Code | | | | | | |
| I certify that I have exa | mined this Statement and | to the best of | my knowledge al | nd belief it is true, co | rrect and compl | ete. |
| Signature of Candidate | | | | Date · | | |
| ROBINSON, EMILY, , , | | [Elect | tronically Filed] | 11/12/2019 | | |
| NOTE: Submission of false, erroneous, | or incomplete information | may subject t | he person signin | g this Statement to p | enalties of 2 U.S | S.C. §437g. |
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| | | | | | | C FORM 2 (REV. 02/2009) |