## 2018:02:27:0M:00197415

## FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)					
PATRICK J QUINN  (b) Address (number and street)			2. FEC Candidate Identification Number		
(c) City, State, and ZIP Code MOUNT VERNON, OH 43050			3. Is This New Amended Statement (N) OR (A)		
4. Party Affiliation REP	5. Office Sought US REPRESENTATIVE	6. State & Distr	rict of Candidate		
DE	SIGNATION OF PRINCIPAL	CAMPAIGN	I COMMITTEE		
7. I hereby designate the following nar	med political committee as my Principal (	Campaign Comn			
(year of election)  NOTE: This designation should be filed with the appropriate office listed in the instructions.					
(a) Name of Committee (in full)					
<b>ELECT PATRICK</b>	J QUINN COMMIT	TEE			
(b) Address (number and street)					
PO BOX 682					
(c) City, State, and ZIP Code					
MOUNT VERNOR	N, OH 43050				
I hereby authorize the following nar candidacy.	(Including Joint Fundraising Med committee, which is NOT my principal campaign committed with the principal campaign committed.)	g Representativ			
(a) Name of Committee (in full)		<del></del>			
(b) Address (number and street)					
(c) City, State, and ZIP Code					
I certify that I have example	mined this Statement and to the best of	my knowledge a	and belief it is true, correct and complete.		
Signature of Candidate			Date		
How I		<b>.</b>	02/07/2018		
NOTE: Submission of faire, erroneous	s, or incomplete information may subject	the person signi	ng this Statement to penalties of 52 U.S.C. §30109.		
9-00068			FEC FORM 2 (REV 02/2009)		

FEC Form 2S (Revised 02/2017)

(c) City, State, and ZIP Code

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **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 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 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 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)

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Federal Election Commission 999 E Street, NW, Washington, DC 20463

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No Postmark			
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