FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)										
	Mr. Aaron Jon Schock										
	(b) Address (number and street) 222 W Detweiller Dr	🗆 Ch	eck if addre	ss changed		2. Candida H8IL18		Identifio	cation N	umber	
	(c) City, State, and ZIP Code					3. Is This		New		Amende	d
	Peoria		IL	6161	5-2113	Statem	nent ×	(N)	OR	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candio	late				
	REPUBLICAN PARTY	House			IL	18					
	DE	SIGNATION		INCIPAL	CAMPAIGI		TTEE				
7.	I hereby designate the following nar	ned political com	mittee as m	ny Principal (Campaign Comr	nittee for the	2016 (year of e		_ election)	on(s).	
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in th	ne instructions.						
	(a) Name of Committee (in full) Schock for Congres	S									
	(b) Address (number and street) PO Box 10555										
	(c) City, State, and ZIP Code										
	Peoria				IL	61612	2				
		(In	cluding Join	nt Fundraisin	FHORIZED g Representativ						
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee, v	/hich is NO [⊤]	T my princip	g Representativ al campaign cor	ves)	ceive and	l expen	d funds	on behalf of my	
8.	candidacy. NOTE: This designation should be f	ned committee, v	/hich is NO [⊤]	T my princip	g Representativ al campaign cor	ves)	eceive and	l expen	d funds	on behalf of my	
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee, view with the principal of the principal o	/hich is NO [⊤]	T my princip	g Representativ al campaign cor	ves)	ceive and	l expen	d funds	on behalf of my	
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street) 2470 Daniells Bridge Rd Ste 1	ned committee, view with the principal of the principal o	/hich is NO [⊤]	T my princip	g Representativ al campaign cor	ves)	ceive and	l expen	d funds	on behalf of my	
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street)	ned committee, view with the principal of the principal o	/hich is NO [⊤]	T my princip	g Representativ al campaign cor	ves)		l expen	d funds	on behalf of my	
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street) 2470 Daniells Bridge Rd Ste 1 (c) City, State, and ZIP Code Athens <i>I certify that I have exa</i>	ned committee, v iled with the print nmittee	/hich is NO ⁻	T my princip	g Representativ al campaign cor ee. GA	nmittee, to re	-6191				
	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street) 2470 Daniells Bridge Rd Ste 1 (c) City, State, and ZIP Code Athens	ned committee, v iled with the print nmittee	/hich is NO ⁻	T my princip	g Representativ al campaign cor ee. GA	nmittee, to re	-6191				
Si	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street) 2470 Daniells Bridge Rd Ste 1 (c) City, State, and ZIP Code Athens <i>I certify that I have exa</i>	ned committee, v iled with the print nmittee	/hich is NO ⁻	T my principa iign committe	g Representativ al campaign cor ee. GA	and belief it is	-6191 true, corr				
Si M	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Schock Victory Com (b) Address (number and street) 2470 Daniells Bridge Rd Ste 1 (c) City, State, and ZIP Code Athens <i>I certify that I have exa</i> ignature of Candidate	ned committee, with the princh mittee 21	hich is NO	T my principa iign committe the best of [Elect	g Representativ al campaign cor ee. GA <i>my knowledge a</i> ronically Filed	and belief it is 02/03/20	-6191 true, corr 15	ect and	1 compl	ete.	

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)	Page 2 /
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds o candidacy.	n behalf of my
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full) PIONEER PROJECT	
(b) Address (number and street) 2470 DANIELS BRIDGE RD STE 121	
(c) City, State and ZIP Code	
ATHENS GA 30606	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds c candidacy.	n behalf of my
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	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds c candidacy.	n behalf of my
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	