

FEC FORM 2
STATEMENT OF CANDIDACY

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2019 MAY 28 AM 8:35

Rsl
C name

Amended 4/19

1. (a) Name of Candidate (in full) Dr. robert alan marshall M.D.		2. Candidate's FEC Identification Number 005 83567	
(b) Address (number and street) 1200 Woodview Rd.		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Burr Ridge IL 60527		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought U.S. SENATE	6. State & District of Candidate IL 0	

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) committee to elect robert marshall	
(b) Address (number and street) 3304 Grove Av	
(c) City, State, and ZIP Code Berwyn IL 60402	

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.

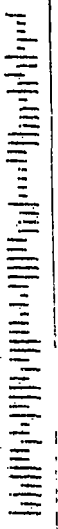
Signature of Candidate Dr. robert alan marshall M.D. Robert Marshall	Date 4/15/19
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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NOTICE: ON-LINE CONSTRUCTION

MAIL CE
2019 MAY 28 AM 9:01



West Marshall

304 Grove



Beverly J. Gove

F E C

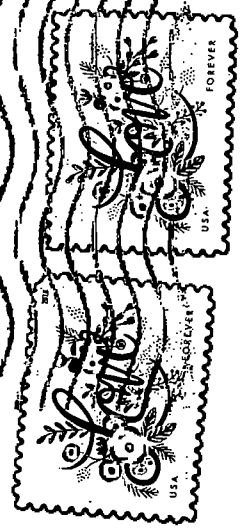
999 E STREET, NW

WASHINGTON D.C.

20463



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Federal Election Commission
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<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
<i>af</i> PREPARER	5-28-19
(3/2015)	DATE PREPARED

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