

Image# 201707289069846439

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Combs, Gwendolynn, Millen, Mrs.,			2. Candidate's FEC Identification Number H8AR02142	
(b) Address (number and street) 300 N Cedar		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Little Rock		AR 72205		
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House		6. State & District of Candidate AR 02
		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Combs for Arkansas		
(b) Address (number and street) P.O. Box 250071		
(c) City, State, and ZIP Code Little Rock AR 72205		

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 Combs, Gwendolynn, Millen, Mrs., <i>[Electronically Filed]</i>	Date 07/28/2017
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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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