

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Shelton, Kim, , ,				
(b) Address (number and street) 9538 Muirkirk Rd #T2		<input type="checkbox"/> Check if address changed		
		2. Candidate's FEC Identification Number H0MD04160		
(c) City, State, and ZIP Code Laurel		MD	20708	
		3. Is This Statement		
		<input type="checkbox"/> New (N)	<input checked="" type="checkbox"/> OR	<input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MD 04		

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)

Kim Shelton 4 Congress

(b) Address (number and street)
9538 Muirkirk Rd #T2

(c) City, State, and ZIP Code

Laurel

MD

20708

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 <i>Shelton, Kim, , ,</i>	Date 02/10/2020
	<i>[Electronically Filed]</i>

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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