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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |              |             |                |   |               |  |
|---|---|----------------------------|--------------|-------------|----------------|---|---------------|--|
|   | Flynn, Angela, Darrow, Ms,  |                            |              |             |                |   |               |  |
|   | (b) Address (number and street)<br>258 Canopy   | ☐ Check if address changed |              |             |                | Candidate's FEC Identification Number     H0NC06191 |               |  |
|   | (c) City, State, and ZIP Code   |                            |              |             |                |   | ew Amended    |  |
|   | Pittsboro   |                            | NC           | 2731        | 2              | Statement (N  | I) OR (A)     |  |
| 4.  | Party Affiliation   | 5. Office Soug             | nt           |             |                | rict of Candidate                                   |               |  |
|   | DEMOCRATIC PARTY  | House                      |              |             | NC             | 06  |               |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |              |             |                |   |               |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) |                            |              |             |                |   |               |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |                            |              |             |                |   |               |  |
|   | (a) Name of Committee (in full)   |                            |              |             |                |   |               |  |
| Angela Flynn for Congress   |   |                            |              |             |                |   |               |  |
|   | (b) Address (number and street)<br>258 Canopy   |                            |              |             |                |   |               |  |
|   | (c) City, State, and ZIP Code   |                            |              |             |                |   |               |  |
|   | Pittsboro   |                            |              |             | NC             | 27312   |               |  |
|   |   |                            |              |             |                |   |               |  |
|   | DE  | SIGNATIO                   | N OF OT      | HFR ΔΙΙ     | THORIZED       | COMMITTEES  |               |  |
| 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)   |                            |              |             |                |   |               |  |
| (b) Address (rightiper and street)  |   |                            |              |             |                |   |               |  |
|   |   |                            |              |             |                |   |               |  |
| (c) City, State, and ZIP Code   |   |                            |              |             |                |   |               |  |
|   |   |                            |              |             |                |   |               |  |
| _   |   |                            |              |             |                |   |               |  |
|   |   | mined this State           | ement and to | the best of | my knowledge a | and belief it is true, correct                      | and complete. |  |
| Si  | ignature of Candidate   |                            |              |             |                |   |               |  |
| F   | lynn, Angela, Darrow, Ms,   | [Electronically Filed]     |              |             |                | 04/01/2019  |               |  |
|   |   |                            |              | [2300       |                |   |               |  |
| 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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