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FEC FORM 2

STATEMENT OF CANDIDACY

4 (-)	Name of Oscalistate (in full)										
1. (a)	Name of Candidate (in full)										
	Chase, Todd, , , (b) Address (number and street) □ Check if address changed						2. Condidate's FFC Identification Number				
(b)	6811 NW 38th Ter	neck ii addre	ss changed		Candidate's FEC Identification Number H0FL03241						
(c)	City, State, and ZIP Code					3. Is This	Nev	/	Amend	ed	
Gainesville			FL	3265	3-8389	Statemen	nt X (N)	OR	(A)		
4. Pa	rty Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candidate	е				
RI	EPUBLICAN PARTY	House			FL	03					
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)											
Todd Chase for Congress Inc.											
(b)	Address (number and street)										
4111 NW 16th Blvd											
(-)	Unit 357212										
(C)	City, State, and ZIP Code										
	Gainesville				FL	32635-01	184				
(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 Date											
Chase, Todd, , ,				[Electronically Filed]			02/03/2020				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)