## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Daniels, Bret, , ,  (b) Address (number and street)	Chapte if address about ad				2. Candidate's FFC Identification Number		
	P.O. Box 4101	☐ Check if address changed				Candidate's FEC Identification Number     H2CA07133		
	(c) City, State, and ZIP Code					3. Is This No	ew Amended	
	Citrus Heights		CA	9561	1	Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Sough	t			rict of Candidate		
_	REPUBLICAN PARTY	House			CA	06		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Bret Daniels for Congress								
_	(b) Address (number and street)							
	P.O. Box 4101							
	(c) City, State, and ZIP Code							
	Citrus Heights				CA	95611		
_								
	DE	SIGNATION	OF OT	HER AU	THORIZED	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 (number and street)								
(c) City, State, and ZIP Code								
		mined this State	ment and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
	gnature of Candidate					Date		
$D_{\ell}$	aniels, Bret, , ,	[Electronically Filed]				05/17/2023		
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)

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID:

Amendment to correct P.O. Box address.

Form/Schedule: Transaction ID: