PAGE 1 / 1

Image# 202103059440176513

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)											
	Dingell, Debbie, , ,											
	(b) Address (number and street) 19855 W Outer Dr Suite 103 A-E	☐ Check if address changed				Candidate's FEC Identification Number H4MI12079						
	(c) City, State, and ZIP Code					3. Is This		New			Amended	
	Dearborn	MI 48124				Staten	nent X	(N)	OR	ш	(A)	
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candid	date					
	DEMOCRATIC PARTY	House			MI	12						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE												
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)											
	NOTE: This designation should be filed with the appropriate office listed in the instructions.											
	(a) Name of Committee (in full)											
Debbie Dingell for Congress												
	(b) Address (number and street)											
	19855 W. Outer Dr.											
	Suite 103A-E (c) City, State, and ZIP Code											
	Dearborn				MI	48124	1					
(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) Wolverine Victory F	und										
	(b) Address (number and street) PO Box 2153											
	(c) City, State, and ZIP Code											
	Purcelville				VA	20134						
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is	s true, corre	ect and	comple	ete.		
Si	Signature of Candidate Date											
Dingell Dobbie						03/04/20	21					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												
_	OTE: Submission of laise, enoneous	, or incomplete if		lay Subject t	ne person signii	ig triis Stater	Therit to per	iailles C	7 2 0.0	J.O. 940	,, y. 	
	OTE. Submission of false, entineous	, or incomplete ii		ay subject t	ne person signii	ig triis Stater	Therit to pen	laities C	n 2 0.0	5.0. 940		

FEC FORM 2 (REV. 02/2009)