

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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15 OCT 15 PM 3:14

|                                                      |                           |                                                                                 |                                          |  |
|------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------|------------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br>PETER D. LOPEZ |                           |                                                                                 | 2. Candidate's FEC Identification Number |  |
| (b) Address (number and street)<br>PO BOX 295        |                           | <input type="checkbox"/> Check if address changed                               |                                          |  |
| (c) City, State, and ZIP Code<br>SCHOHARIE NY 12157  |                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR Amended (A) |                                          |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY             | 5. Office Sought<br>House | 6. State & District of Candidate<br>NY 19                                       |                                          |  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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)<br>LOPEZ4CONGRESS   |  |  |
| (b) Address (number and street)<br>PO BOX 295       |  |  |
| (c) City, State, and ZIP Code<br>SCHOHARIE NY 12157 |  |  |

**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<br>PETER D. LOPEZ | Date<br>10/09/2015 |
|------------------------------------------|--------------------|

**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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(3/2015)

10/20/15  
DATE PREPARED

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