

FEC FORM 2
STATEMENT OF CANDIDACY

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2018 SEP 10 AM 9:38

1. (a) Name of Candidate (in full) <u>Dr. Sam Hoff</u>		2. FEC Candidate Identification Number <u>C00499681</u>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>813 Maple Parkway</u>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>Dover, DE 19901</u>		6. State & District of Candidate <u>All</u>
4. Party Affiliation <u>Independent</u>	5. Office Sought <u>President</u>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <u>For Times O' Plenty, Vote Hoff President in '20</u>
(b) Address (number and street) <u>813 Maple Parkway</u>
(c) City, State, and ZIP Code <u>Dover, DE 19901</u>

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 	Date <u>9-4-18</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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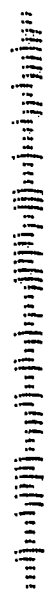


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WASHINGTON DE 19201
SEP 10 2018 PM 4:17

Federal Election Commission
1050 First Street, NE
Washington, DC 20463



Dr. Sam Hoff
813 Maple Pkwy
Dover, DE 19901-4238

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked <i>9-4-18</i>	<i>9-10-18</i>
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>mf</i> PREPARER	<i>9-10-18</i> DATE PREPARED

(3/2015)

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