

Image# 201904159146355538

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Driskell, Gretchen, , ,		2. Candidate's FEC Identification Number H6MI07223
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 464		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Saline MI 48176		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MI 07

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Gretchen Driskell for Congress	
(b) Address (number and street) PO Box 464	
(c) City, State, and ZIP Code Saline MI 48176	

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) Driskell Victory Fund	
(b) Address (number and street) 611 Pennsylvania Ave SE Num 143	
(c) City, State, and ZIP Code Washington DC 20003	

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 Driskell, Gretchen, , , <i>[Electronically Filed]</i>	Date 04/15/2019
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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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Form/Schedule: F2N
Transaction ID :

Amended to authorize Driskell Victory Fund

Form/Schedule:
Transaction ID: