

Image# 202112239474728545

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Parra, Madeline, , ,			2. Candidate's FEC Identification Number H2NC10116	
(b) Address (number and street) 3630 Clemmons Rd #1062		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Clemmons NC 27012		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NC 12		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) MADDIE PARRA FOR CONGRESS		
(b) Address (number and street) 3630 CLEMMONS RD #1062		
(c) City, State, and ZIP Code CLEMMONS NC 27012		

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 Parra, Madeline, , , <i>[Electronically Filed]</i>	Date 12/23/2021
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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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