

Image# 202406219652476547

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MESSMER, MARK, , MR.,		2. Candidate's FEC Identification Number H4IN08249	
(b) Address (number and street) PO BOX 44003		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code INDIANAPOLIS IN 46244		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate IN 08	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) MESSMER FOR CONGRESS	
(b) Address (number and street) PO BOX 44003	
(c) City, State, and ZIP Code INDIANAPOLIS IN 46244	

### 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) MESSMER VICTORY FUND	
(b) Address (number and street) PO BOX 44003	
(c) City, State, and ZIP Code INDIANAPOLIS IN 46244	

*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 MESSMER, MARK, , MR.,	Date 06/21/2024
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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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