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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
_	Solomon, Robert, Charles, Dr.,										
	(b) Address (number and street)						Candidate's FEC Identification Number H8PA18157				
	(c) City, State, and ZIP Code					3. Is This		ew	Amende	d	
	Oakdale		P/	1507	1	Staten	nent 🗶 (N) OR	(A)		
4.	Party Affiliation	5. Office Sou	ght		6. State & Dis	trict of Candid	date				
	DEMOCRATIC PARTY	House			PA	18					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) Solomon for Congress Campaign Committee											
(b) Address (number and street) 108 Saddle Ridge Drive											
	(c) City, State, and ZIP Code									—	
	Oakdale				PA	15071	I				
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)											
(b) Address (ridiliber dila 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.											
Si	gnature of Candidate					Date				-	
	olomon, Robert, Charles, Dr.,						06/24/2017				
	,,,			[Elec	tronically Filed]	06/24/20	117				
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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