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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
bellar, barbara, ruth, Dr.,

(b) Address (number and street) ☐ Check if address changed
8513 johnston rd

2. Candidate's FEC Identification Number
P00012799

(c) City, State, and ZIP Code
burr ridge IL 60181

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN PARTY	Presidential	00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Citizens for Barbara Bellar as President.

(b) Address (number and street)
1116 Oxford Ct

(c) City, State, and ZIP Code
villa park IL 60181

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
Bellar, Barbara, Ruth, Dr., ***[Electronically Filed]***	07/14/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.