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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) FLANAGAN, PATRICIA, , ,			2. Candidate's FEC Identification Number S8NJ00541	
(b) Address (number and street) 2489 MAIN ST		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code LAWRENCEVILLE NJ 08648		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate NJ 00		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) COMMITTEE TO ELECT TRICIA FLANAGAN US SENATE		
(b) Address (number and street) 2489 MAIN ST		
(c) City, State, and ZIP Code LAWRENCEVILLE NJ 08648		

### 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 Flanagan, Tricia, , Ms,  <i>[Electronically Filed]</i>	Date 01/30/2020
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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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