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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Rulli, Michael, , ,		if a deles -	ala a a · ¹		0.00	• EEO 13- 11	fination h	ا - ا ممارا		
) Address (number and street) P.O. Box 2971					Candidate's FEC Identification Number H4OH06165					
	(c) City, State, and ZIP Code					3. Is This	Nev			Amended	
	Youngstown		ОН	4451	<u> </u>	Statemer	nt X (N)	OR		(A)	
4.	Party Affiliation	5. Office Sought				rict of Candidat	е				
	REPUBLICAN PARTY	House			OH	06					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 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)										
	Rulli for Ohio										
	(b) Address (number and street)										
	P.O. Box 2971										
	(c) City, State, and ZIP Code										
	Youngstown				ОН	44511					
	DE	SIGNATION (EES				
(Including Joint Fundraising Representatives)											
8.	I hereby authorize the following name candidacy.	ned committee, whi	ch is NOT m	y principa	al campaign con	nmittee, to rece	ive and expe	end funds	s on beha	alf of my	
	NOTE: This designation should be f	iled with the princip	al campaigr	committe	e.						
(a) Name of Committee (in full)											
	(-,,										
	(b) Address (number and street)										
	(a) Ott. Otata and 710 Oct.										
	(c) City, State, and ZIP Code										
										1	
	I certify that I have exa	mined this Stateme	nt and to the	e best of i	ny knowledge a	and belief it is tro	ue, correct a	nd comp	lete.		
Signature of Candidate						Date					
R	Rulli, Michael, , ,						11/29/2023				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,					
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N	OTE: Submission of false, erroneous,	or incomplete infor	mation may	subject t	ne person signir	ng this Stateme	nt to penaltie	s of 2 U.	S.C. §43	37g.	

FEC FORM 2 (REV. 02/2009)