

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2018 FEB 29 AM 11:16

1. (a) Name of Candidate (in full) <i>Shirley Love</i>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>P.O. Box 1173</i>		3. Is This Statement <input checked="" type="checkbox"/> <sup>New</sup> (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <i>OAK HILL, WV 25901</i>		
4. Party Affiliation <i>Democrat</i>	5. Office Sought <i>U.S. House</i>	6. State & District of Candidate <i>WV 3rd</i>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) <i>Shirley Love For Congress</i>
(b) Address (number and street) <i>330 EAST MARTIN AVENUE</i>
(c) City, State, and ZIP Code <i>OAK HILL, WV 25901</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. *NA*

(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.

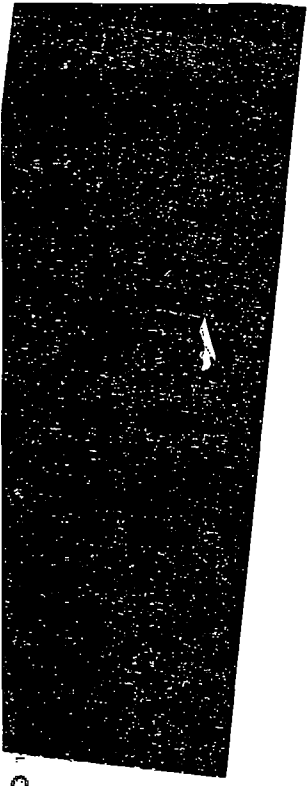
*Signature of Candidate <i>Shirley Love</i>	Date <i>2-10-18</i>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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FIRST CLASS MAIL

FEDERAL Election Commission  
999 E. Street, N.W.  
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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*af*  
 PREPARER *2/20/2018*  
 (3/2015) DATE PREPARED

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