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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a)	Name of Candidate (in full)								
	Stivers, Steve, , Mr.,								
(b)	Address (number and street) 1971 Concord Road					Candidate's FEC Identification Number H8OH15076			
(c)	City, State, and ZIP Code					3. Is This New Amended			
	Columbus		OH	4321	2-1947	Statement (N) OR (A)			
4. Par	ty Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candidate			
RE	PUBLICAN PARTY	House			ОН	15			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I he	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)								
NO	TE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.				
(a)	Name of Committee (in full)								
	Stivers For Congres	S							
(b)	Address (number and street) 4679 Winterset Dr								
(c)	City, State, and ZIP Code								
	Columbus				ОН	43220-8113			
(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.									
NO	TE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee.				
(a)	Name of Committee (in full) Stivers Victory Com	mittee							
(b)	Address (number and street) 4679 Winterset Dr								
(c)	City, State, and ZIP Code								
	Columbus				ОН	43220-8113			
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
Signature of Candidate						Date			
Stivers	s, Steve, , Mr.,			[Elec	tronically Filed]	04/20/2021			
NOTE:	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(including Joint Fundralsing 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)
	The Rivalry Joint Committee
	(b) Address (number and street) 228 S Washington St
	(c) City, State, and ZIP Code
	Alexandria VA 22314-5408
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
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 (number and street)
	(c) City, State, and ZIP Code
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