

Image# 201906149150029617

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Owensby, Alexandra, , Dr.,		2. Candidate's FEC Identification Number HOKY04117
(b) Address (number and street) <input type="checkbox"/> Check if address changed 353 River Road		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Fort Thomas KY 41075		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate KY 04

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) Alexandra Owensby for The People		
(b) Address (number and street) 353 River Road		
(c) City, State, and ZIP Code Fort Thomas KY 41075		

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 Owensby, Alexandra, Marie, Dr., <i>[Electronically Filed]</i>	Date 06/14/2019
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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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