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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full) | | | | | |
|---|----------------------------|------------------|-------------------|---|-----------------|
| Newman, Marie, , , | | | | | |
| (b) Address (number and street) PO Box 549 | ☐ Check if address changed | | | Candidate's FEC Identification Number H8IL03102 | |
| (c) City, State, and ZIP Code | | | | 3. Is This Ne | |
| La Grange | | IL 605 | 25 | Statement (N |) OR (A) |
| 4. Party Affiliation | 5. Office Sought | | | trict of Candidate | |
| DEMOCRATIC PARTY | House | | IL | 03 | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | |
| (a) Name of Committee (in full) | | | | | |
| Marie Newman for Congress | | | | | |
| (b) Address (number and street) | | | | | |
| (b) Address (number and street) PO Box 549 | | | | | |
| | | | | | |
| (c) City, State, and ZIP Code | | | | | |
| LaGrange | | | IL | 60525 | |
| | | | | | |
| | | | | | |
| 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) | | | | | |
| (4) | | | | | |
| | | | | | |
| (b) Address (number and street) | | | | | |
| | | | | | |
| (a) Oite Otata and ZID Oada | | | | | |
| (c) City, State, and ZIP Code | | | | | |
| | | | | | |
| | | | | | |
| I certify that I have | examined this Statement a | nd to the best o | of my knowledge a | and belief it is true, correct | and complete. |
| Signature of Candidate | | | | Date | |
| Giarraputo, Holly, , , [Electronically Filed] 11/25/2020 | | | | | |
| | | [Lie | ctronicuty Fileuj | | |
| | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)