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Image# 202003149203832618

FEC FORM 2

STATEMENT OF CANDIDACY

								-		
1.	(a) Name of Candidate (in full)									
	Foster, Nikki, , ,					100 1111 55011				
	(b) Address (number and street) PO Box 537	☐ Check if address changed		Candidate's FEC Identification Number H0OH01081						
	(c) City, State, and ZIP Code						ew Amended	_		
	Mason		OH	H 4504	0	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		_		
	DEMOCRATIC PARTY	House			ОН	01		_		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)									
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in t	he instructions.					
	(a) Name of Committee (in full)									
	Nikki Foster For Ohi	io								
	(b) Address (number and street) PO Box 37							_		
	1 o box or									
	(c) City, State, and ZIP Code							_		
	Mason				ОН	45040				
								_		
	DE				THORIZED ig Representative	COMMITTEES				
		(1	including Joh	it Fullulaisii	ig Representative	2 5)				
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	T my princip	al campaign com	nmittee, to receive and exp	pend funds on behalf of my			
	NOTE: This designation should be f	iled with the pri	ncipal campa	aign committ	ee.					
	(a) Name of Committee (in full)							_		
	Serve America Victor	ory Fund								
	(b) Address (number and street) 2910 E Gary Way							_		
	2910 L Galy Way									
	(c) City, State, and ZIP Code							_		
	Phoenix				AZ	85042				
	I certify that I have exa	mined this Stat	ement and to	the best of	mv knowledge a	nd belief it is true. correct	and complete.	_		
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 Date										
	oster, Nikki, , ,									
. `	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			[Elec	tronically Filed]	03/14/2020				
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 Fundraising Representatives)

(b) // (c) (c) (d) 8. I he can (a) I (b) // (c) (c) (d) 8. I he can (a) I	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.								
8. I he can (a) I (b) / (c) (c) (d) 8. I he can (a) I (b) / (c) (d) 8. I he can (a) I	(a) Name of Committee (in full) Second Service Victory Fund								
8. I he can (a) I (b) / (c) (c) (d) 8. I he can (a) I (b) / (c) (d) 8. I he can (a) I									
8. I he can (a) I (b) / (c) (c) (d) 8. I he can (a) I	(b) Address (number and street) 2910 E Gary Way								
(a) I (b) / (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	City, State, and ZIP Code								
(a) I (b) / (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Phoenix	AZ	85042						
(b) // (c) (c) (d) 8. I he can (a) I (b) // (c) (d) 8. I he can (a) I	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.								
8. I he can (c) (c) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(a) Name of Committee (in full)								
8. I he can (a) I	Address (number and street)								
(a) I (b) / (c) (8. I he can (a) I	City, State, and ZIP Code								
8. I he can (a) I	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)								
8. I he can (a) I	Address (number and street)								
(a) I	City, State, and ZIP Code								
	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.								
(la)	(a) Name of Committee (in full)								
(D) /	(b) Address (number and street)								
(c) ((c) City, State, and ZIP Code								