

# FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) JULIA CRAVEN HOWARD		2. Identification Number C81203060
(b) Address (number and street) <input type="checkbox"/> Check if address changed 203 MAGNOLIA AVENUE		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code MOCKSVILLE, NC 27028		6. State & District of Candidate NC-DISTRICT 13
4. Party Affiliation REPUBLICAN	5. Office Sought US HOUSE	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) JULIA HOWARD FOR CONGRESS
(b) Address (number and street) 330 SOUTH SALISBURY STREET
(c) City, State, and ZIP Code MOCKSVILLE, NC 27028

### 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

Date

03/31/2016

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

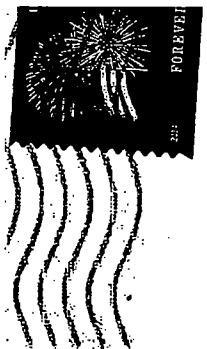
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Julia Craven Howard  
203 Magnolia Avenue  
Mocksville, NC 27028

GREENSBORO NC 274  
PIEDMONT TREAD AREA  
01 APR 2016 PM 5 L



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4/6/16  
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