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FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
MARIA M. PARRA

(b) Address (number and street) ☐ Check if address changed
343 W. OAKDALE DR.

(c) City, State, and ZIP Code
FORT WAYNE, IN 46807

2. Identification Number

3. Is This Statement X New (N) OR Amended (A)

4. Party Affiliation
Democrat

5. Office Sought
Congressional Rep.

6. State & District of Candidate
IN 3RD District

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2004 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)
MARIA PARRA FOR Congress

(b) Address (number and street)
P.O. Box 13411

(c) City, State, and ZIP Code
FORT WAYNE, IN 46868-3411

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

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A $ 0.00 for the primary election, and

9B $ 0.00 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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
Maria M. Parra

Date
3-6-04

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. 2003)

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Federal Election Commission

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(2/2004)