

# FEC FORM 2

## STATEMENT OF CANDIDACY

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|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. (a) Name of Candidate (in full)<br><u>Ki Ingersol</u>  |                                  |  | 2. Candidate's FEC Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><u>340-2 Travis Boulevard #296</u> |                                  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |  |
| (c) City, State, and ZIP Code<br><u>Fairfield CA 94533</u>  |                                  |  |  |
| 4. Party Affiliation<br><u>Democratic Party</u>   | 5. Office Sought<br><u>House</u> | 6. State & District of Candidate<br><u>CA 11</u>   |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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)<br><u>Ingersol for Congress</u>   |
| (b) Address (number and street)<br><u>20 Galli Drive, Suite A</u> |
| (c) City, State, and ZIP Code<br><u>Novato CA 94949</u>           |

### 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<br> | Date<br><u>3-14-14</u> |
|---|------------------------|

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)

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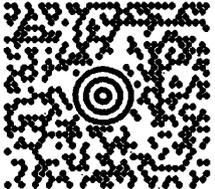
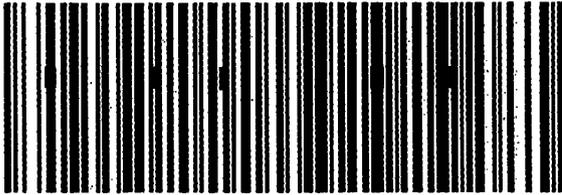
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|  |  |                      |        |
|--|--|----------------------|--------|
| NANCY L. WARREN<br>415-884-5500<br>WARREN & ASSOC<br>20 GALLI DRIVE, S<br>NOVATO CA 94947                      |  | 1.0 LBS LTR          | 1 OF 1 |
| <b>SHIP TO:</b><br>FEDERAL ELECTIONS COMMISSION<br>202-694-1100<br>999 E STREET NW<br>WASHINGTON DC 20463-0001 |  |                      |        |
|                              | MD 201 9-83<br> |                      |        |
| <b>UPS NEXT DAY AIR SAVER 1P</b><br>TRACKING #: 1Z R92 11E 13 9012 9042  |  |                      |        |
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| BILLING: P/P   |  |                      |        |
| Reference#1: Ingersol FEC 1 & 2  |  |                      |        |
| US 16.1.04   |  | WXPV50 48.0A 01/2014 |        |

**Insert shipping documents  
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**Window 1**

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1 of 1

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 The FEC added this page to the end of this filing to indicate how it was received.

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|  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                     |
| <input type="checkbox"/> USPS First Class Mail                                       | Postmarked                          |
| <input type="checkbox"/> USPS Registered/Certified                                   | Postmarked (R/C)                    |
| <input type="checkbox"/> USPS Priority Mail  | Postmarked                          |
| <input type="checkbox"/> USPS Priority Mail Express                                  | Postmarked                          |
| <input type="checkbox"/> Postmark Illegible  |                                     |
| <input type="checkbox"/> No Postmark   |                                     |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>UPS</i> | Shipping Date<br><i>3/20/14</i>     |
| Next Business Day Delivery   | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office           | Date of Receipt                     |
| <input type="checkbox"/> Received from Senate Public Records Office                  | Date of Receipt                     |
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| <input type="checkbox"/> Other (Specify):  | Date of Receipt or Postmarked       |

|   |                |
|---|----------------|
|  | <i>3/21/14</i> |
| PREPARER  | DATE PREPARED  |