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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						·		
_	Higgins, Clay, , Captain,								
	(b) Address (number and street) PO Box 61747	☐ Check if address changed			d	Candidate's FEC Identification Number H6LA03148			
_	c) City, State, and ZIP Code						ew	A	mended
	Lafayette	L	A 705	96-1747	Statement (N	N) OR	(A	A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate			
	REPUBLICAN PARTY	House			LA	03			
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 filed with the appropriate office listed in the instructions.								
(a) Name of Committee (in full) CAPTAIN HIGGINS FOR CONGRESS									
	(b) Address (number and street) P.O. BOX 61747								
	(c) City, State, and ZIP Code								
	LAFAYETTE				LA	70596			
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) Babin Higgins Victory Fund									
	(b) Address (number and street) 1005 Congress Ave Suite 400								
	(c) City, State, and ZIP Code								_
	Austin				TX	78701-2469			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date			
H	iggins, Clay, , Captain,			[Elé	ctronically Filed]	04/16/2019			
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)