

FEC FORM 2

STATEMENT OF CANDIDACY

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| | | |
|--|--|--|
| 1. (a) Name of Candidate (in full) Douglas L. (Doug) Merrill | | 2. FEC Candidate Identification Number |
| (b) Address (number and street) 5801 Poole Place | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code Noblesville IN 46062 | | |
| 4. Party Affiliation Republican | 5. Office Sought U.S. Representative | 6. State & District of Candidate Indiana 7 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Doug Merrill for Congress |
| (b) Address (number and street) 5801 Poole Place |
| (c) City, State, and ZIP Code Noblesville IN 46062 |

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 |

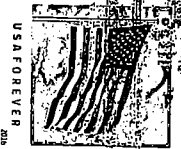
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|-----------------------------|
| Signature of Candidate <i>Douglas L. Merrill</i> | Date 3 April 2020 |
|---|-----------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Douglas L Merrill
5801 Poole Pl
Noblesville, IN 46062-7609



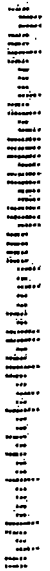
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| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

SPM
 PREPARER

8/19/20
 DATE PREPARED

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