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FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)								
	lo, Christopher, Craig, ,					1			
	ess (number and street) 1 Genoa Ave	☐ Check if address changed				Candidate's FEC Identification Number S4NV00403			
(c) City,	State, and ZIP Code					3. Is This	New		Amended
	rump		NV	8906	0	Stateme	ent X (N)	OR	(A)
4. Party Aff	filiation	5. Office Sough	it		6. State & Dist		ate		
NON		Senate			NV	00			
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGI	и сомміт	TEE		
7. I hereby	designate the following nar	med political con	nmittee as m	y Principal (Campaign Comr	_	2024 (year of election	electio	n(s).
NOTE: T	This designation should be	filed with the app	ropriate offic	e listed in t	ne instructions.				
(a) Nam	e of Committee (in full)								
Ch	nris Mazlo for Nev	ada							
(b) Addr	ess (number and street)								
530	01 Genoa Ave								
(c) City,	State, and ZIP Code								
Pa	hrump				NV	98060			
	DE	SIGNATION			THORIZED g Representativ		EES		
		(II)	icidaling John	runuraisin	g Representativ	(65)			
8. I hereby candidad	authorize the following nancy.	ned committee, v	which is NOT	my princip	al campaign cor	mmittee, to rec	eive and expe	nd funds	on behalf of my
			ainal aamanai	an committe	00				
NOTE: I	This designation should be t	iled with the prin	icipai campai	3	.				
	This designation should be to e of Committee (in full)	iled with the prin	сіраі сатраі						
		iled with the prin	сіраі сатраі						
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(a) Nam	e of Committee (in full)	iled with the prin	cipal campai						
(a) Nam	e of Committee (in full) ess (number and street)	iled with the prin	страт саттрат						
(a) Nam	e of Committee (in full)	iled with the prin	страт саттрат						
(a) Nam	e of Committee (in full) ess (number and street)	iled with the prin	страт саттрат						
(a) Nam	e of Committee (in full) ess (number and street) State, and ZIP Code								
(a) Name	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have example of the control of the co					and belief it is t	rue, correct ar	nd comple	ete.
(a) Name	e of Committee (in full) ess (number and street) State, and ZIP Code					and belief it is t	rue, correct ar	nd comple	ete.
(a) Name (b) Addre	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have example of the control of the co							nd comple	ete.
(a) Name (b) Addre	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have exacted the state of Candidate					Date		nd comple	ete.
(a) Name (b) Addre	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have exacted the state of Candidate					Date		nd comple	ete.
(a) Name (b) Addre (c) City, Signature of	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have exacted the state of Candidate	nmined this State	ement and to	the best of	my knowledge a	Date 03/11/202	4		
(a) Name (b) Addre (c) City, Signature of	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have exacted the control of Candidate cistopher, Craig, ,	nmined this State	ement and to	the best of	my knowledge a	Date 03/11/202	4		
(a) Name (b) Addre (c) City, Signature of	e of Committee (in full) ess (number and street) State, and ZIP Code I certify that I have exacted the control of Candidate cistopher, Craig, ,	nmined this State	ement and to	the best of	my knowledge a	Date 03/11/202	4		

FEC FORM 2 (REV. 02/2009)