

Image# 201905079149644657

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Collins, Joe, , ,			2. Candidate's FEC Identification Number HOCA43108	
(b) Address (number and street) 5777 W. Century Blv ste 143		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Los Angeles CA 90045		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate CA 43		

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) JOE COLLINS FOR CONGRESS		
(b) Address (number and street) 3680 WILSHIRE BLV 041180		
(c) City, State, and ZIP Code LOS ANGELES CA 90010		

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 COLLINS, JOE, , , III <i>[Electronically Filed]</i>	Date 05/07/2019
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2A
Transaction ID :

Committee addressed changed to 5777 W. Century Blv, Los Angeles, Ca, 90045 on amended fec form 1.

Form/Schedule:
Transaction ID: