

Image# 201704149052152671

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) YODER, SHELLI, , ,			2. Candidate's FEC Identification Number H2IN09167	
(b) Address (number and street) 4526 EAST SHEFFIELD DRIVE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code BLOOMINGTON IN 47408		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate IN 09		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) SHELLI YODER FOR INDIANA		
(b) Address (number and street) PO BOX 6654		
(c) City, State, and ZIP Code BLOOMINGTON IN 47407		

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) SHELLI VICTORY FUND		
(b) Address (number and street) 115 W WASHINGTON STREET SUITE 1165		
(c) City, State, and ZIP Code INDIANAPOLIS IN 46204		

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 Yoder, Shelli, Renee, , <i>[Electronically Filed]</i>	Date 04/14/2017
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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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