

FEC FORM 2
STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

17 MAY 25 PM 1:07

| | | |
|--|--|---|
| 1. (a) Name of Candidate (in full) Lisa Murkowski | | |
| (b) Address (number and street) P.O. Box 1505 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Girdwood, AK 99587 | | 2. FEC Candidate Identification Number C00384529 |
| 4. Party Affiliation Republican | | 5. Office Sought U.S. Senate |
| | | 6. State & District of Candidate Alaska |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) Lisa Murkowski for U.S. Senate |
| (b) Address (number and street) P.O. Box 100847 |
| (c) City, State, and ZIP Code Anchorage, AK 99510 |

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  | Date 5/24/17 |
|---|-----------------|

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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201705250200154711

Faxed
or
Hand Delivered

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 5/25/17
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

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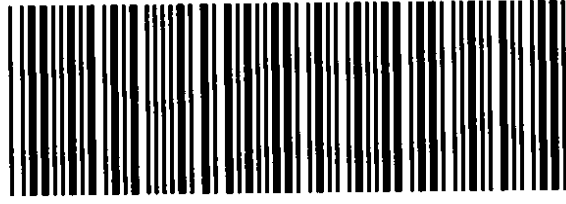
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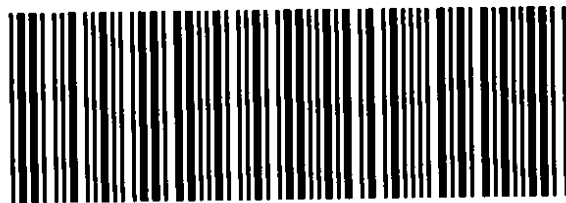
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PREPARER HTB DATE PREPARED 5/25/17

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