FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Angela Jo Demaree				100 111 1		
	(b) Address (number and street) 8263 Pawtucket Ct) Address (number and street)		i	Candidate's FEC Identification Number H6IN05216		
	(c) City, State, and ZIP Code					ew Amended	
	Indianapolis	!	IN 462	56	Statement (N	I) OR X (A)	
4.	Party Affiliation	5. Office Sought			rict of Candidate		
	DEMOCRATIC PARTY	House		IN	05		
	DE	SIGNATION OF PI	RINCIPAI	CAMPAIGN	COMMITTEE		
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						
	Demaree For Congr	ess					
	(b) Address (number and street)						
	9801 Fall Creek Road						
	NUM 191 (c) City, State, and ZIP Code						
	, , ,			INI	46056		
	Indianapolis			IN	46256		
8.	I hereby authorize the following nan candidacy.	,		ng Representative	,	pend funds on behalf of my	
	NOTE: This designation should be f	iled with the principal cam	paign commi	ttee.			
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						
	I certify that I have exa	mined this Statement and	to the best o	f my knowledge al	nd belief it is true, correct	and complete.	
Signature of Candidate Date					Date		
A	ngela Jo Demaree	[Electronically Filed]			08/25/2015		
N	OTE: Submission of false, erroneous	or incomplete information	may subject	the person signin	ng this Statement to penal	ties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)