FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

1. (a) Name of Candidate (in full)											
SMITH, SUSAN, Marie, , / SMITH, SUSAN, M, , (b) Address (number and street)					2. Candidate's FEC Identification Number						
1226 N IRVINGTON AVE					H0IN07256						
(c) City, State, and ZIP Code				_	3. Is Thi		New	Amended			
INDIANAPOLIS		IN	4621	-	Stater		(N) OR	(A)			
4. Party Affiliation REPUBLICAN PARTY	5. Office Sough House	nt		6. State & Dist	rict of Candi 07	date					
DE	SIGNATIO		INCIPAL	CAMPAIGN		ITTEE					
7. I hereby designate the following name	ned political con	nmittee as m	y Principal	Campaign Comn	nittee for the	2020 (year of el	electi ection)	on(s).			
NOTE: This designation should be f	led with the app	propriate office	ce listed in t	he instructions.							
(a) Name of Committee (in full) Friends of Susan Ma	arie Smith										
(b) Address (number and street) 973 N. Shadeland Ave #129											
(c) City, State, and ZIP Code											
INDIANAPOLIS				IN	46219	9					
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the following name of Committee (in full) (a) Name of Committee (in full) (b) Address (number and street) 					nmittee, to re	eceive and e	expend funds	on behalf of my			
(c) City, State, and ZIP Code											
I certify that I have exa	nined this State	ement and to	the best of	my knowledge a	nd belief it is	s true, corre	ct and comp	ete.			
Signature of Candidate					Date						
Smith, Susan, Marie, ,											
NOTE: Submission of false, erroneous,	or incomplete in	nformation m	nay subject t	the person signir	ng this State	ment to pen	alties of 2 U.	S.C. §437g.			
							FE	C FORM 2 (REV. 02/2			