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FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Peiffer, Matthew, Brice, ,					100	EEO L.			
	(b) Address (number and street) 119 South Dill Street,	uth Dill Street,				Candidate's FEC Identification Number H4IN05161				
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	MUNCIE		IN	4730	3	Statemen	nt x (N)	OR		(A)
4.	Party Affiliation	5. Office Sough	it			rict of Candidate	е			
	REPUBLICAN PARTY	House			IN	05				
	DE	SIGNATION	N OF PRI	NCIPAL	CAMPAIGN	N COMMIT	ΓEE			
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2023 (year of election)									
	NOTE: This designation should be f	iled with the app	ropriate office	e listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	Committee To Elect	Matt Peiff	er							
	(h) Address (number and street)									
	(b) Address (number and street) 119 South Dill Street									
	(c) City, State, and ZIP Code									
					IN	47303				
	MUNCIE				IIN	47303				
(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.										
	NOTE: This designation should be f	led with the prin	orpar oarriparg	gn committe	ee.					
		led with the prin		Jn committe	96.					
	NOTE: This designation should be f (a) Name of Committee (in full)	led with the prin		gn committe	ee. 					
	(a) Name of Committee (in full)	led with the prin	orpai campaig	gn committe	ee.					
		led with the prin	orpai campaig	gn committe	ee.					
	(a) Name of Committee (in full)	led with the prin	opar campaig	gn committe	ee.					
	(a) Name of Committee (in full)	led with the prin	opar campaig	gn committe	ee.					
	(a) Name of Committee (in full) (b) Address (number and street)	led with the prin	opar campaig	gn committe	ee.					
	(a) Name of Committee (in full) (b) Address (number and street)	led with the prin	opar campag	gn committe	ee.					
	(a) Name of Committee (in full) (b) Address (number and street)					nd belief it is tru	ue, correct an	d compl	ete.	
Si	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code					and belief it is tru	ue, correct an	d compl	ete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			the best of a			ue, correct an	d compl	ete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate			the best of a	my knowledge a	Date	ue, correct an	d compl	ete.	
Pe	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate	mined this State	ement and to t	he best of l	my knowledge a	Date 03/08/2023				7g.
Pe	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate eiffer, Matthew, Brice, ,	mined this State	ement and to t	he best of l	my knowledge a	Date 03/08/2023				7g.
Pe	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examing the state of Candidate eiffer, Matthew, Brice, ,	mined this State	ement and to t	he best of l	my knowledge a	Date 03/08/2023				

FEC FORM 2 (REV. 02/2009)