FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 8. I hereby authorize the following narcandidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code | (Including med committee, which is filed with the principal c | g Joint Fundr s NOT my pri ampaign con | aising Representative incipal campaign com mmittee. st of my knowledge a Electronically Filed] | es) nmittee, to recei and belief it is true Date 07/01/2019 | ive and exper | d complet | e. |
|--|---|--|--|---|-----------------|------------------|----------------|
| 8. I hereby authorize the following narcandidacy. NOTE: This designation should be a (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> Signature of Candidate Magiera, Chris, , , | (Including med committee, which is filed with the principal c | g Joint Fundr s NOT my pri ampaign con | aising Representative incipal campaign com mmittee. st of my knowledge a Electronically Filed] | es) nmittee, to recei and belief it is true Date 07/01/2019 | ive and exper | d complet | e. |
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| DE | SIGNATION OF | | | | | | |
| Warsaw | | | IN | 46581 | | | |
| (c) City, State, and ZIP Code | | | | 10501 | | | |
| PO Box 1021 | | | | | | | |
| (b) Address (number and street) | | | | | | | |
| Friends of Chris Ma | giera, Inc. | | | | | | |
| (a) Name of Committee (in full) | | | | | | | |
| NOTE: This designation should be | | - | | | ear of election | _ electior n) | 1(5). |
| 7. I hereby designate the following na | | | | | 2020 | alaction | |
| REPUBLICAN PARTY | House | | | | | | |
| 4. Party Affiliation | 5. Office Sought | | 6. State & Dist | rict of Candidate 03 | Э | | |
| Warsaw | | IN 4 | 16580 | Statemen | it 🗶 (N) | OR | (A) |
| (c) City, State, and ZIP Code | | | | 3. Is This | New | | Amende |
| | Address (number and street) 3496 S. State Rd. 15 | | | 2. Candidate's FEC Identification Number H0IN03222 | | | |
| (b) Address (number and street) 3496 S. State Rd. 15 | | | | | | | |
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