

Image# 202407109652750781

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McCray, Valerie, L, Dr,			2. Candidate's FEC Identification Number S2IN00166	
(b) Address (number and street) 3258 E Fall Creek Parkway North Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Indianapolis IN 46205		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate IN 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) FRIENDS OF VALERIE MCCRAY		
(b) Address (number and street) 3258 E. FALL CREEK PARKWAY N DRIVE		
(c) City, State, and ZIP Code INDIANAPOLIS IN 46205		

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 McCray, Valerie, L, Dr,	Date 07/10/2024
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--