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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROGERS, MARY, C, ,		
(b) Address (number and street) PO BOX 42		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code WEST CHESTER OH 43071		2. Candidate's FEC Identification Number H4OH08104
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate OH 08		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

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 KAY ROGERS		
(b) Address (number and street) PO BOX 42		
(c) City, State, and ZIP Code WEST CHESTER OH 43071		

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 ROGERS, MARY, C, ,	Date 10/23/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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