For help completing Form 2, please double-click the	icon next to each line number.
---	--------------------------------

FEC FORM 2 STATEMENT OF CANDIDACY

_								
1. (8	a) Name of Candidate (in full)							
	Joyce Healy-Abrams					<u></u>		
•	b) Address (number and street) 2548 Glenmont Road, N		heck if address change	nd nd N)	2. Identification			
•	c) City, State, and ZIP Code Canton, OH 44708			. 📢 刘	3. Is This Statement		OR	Amended (A)
4, P	Party Affiliation Democratic	5. Office Soug	ht of Congress	6. State & Dist Ohio 7th	rict of Candidate			
				- Langer and the second se	and an an an and a second s			
7. 1	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE hereby designate the following named political committee as my Principal Campaign Committee for the2012election(s). (year of election)							
N	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(8	a) Name of Committee (in full)			•				
_	Healy-Abrams for	r Congre	SS					
(8	b) Address (number and street)							
	2548 Glenmont F	Road, N.	W.					
(0	c) City, State, and ZIP Code	<u> </u>	<u> </u>	· · · · · ·	·····	·····		
	Canton, OH 447	38						
								~
		ESIGNATIO	N OF OTHER A	sing Representativ	es)		d 6 m de e	14C 2102
c	DI hereby authorize the following na candidacy. NOTE: This designation should be	ESIGNATIO (med committee,	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con	es)		d funds on	behalf of my a
C N	hereby authorize the following na candidacy.	ESIGNATIO (med committee,	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con	es)		d funds on	behalf of my a
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be	ESIGNATIO (med committee,	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con	es)		d funds on	ے اطر behaif of my کھ
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full)	ESIGNATIO (med committee,	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con	es)		d funds on	behalf of my a
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street)	ESIGNATIO (med committee,	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con	es)		d funds on	behalf of my a
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ESIGNATIO (med committee, filed with the pr	Including Joint Fundrais , which is NOT my princ	sing Representativ sipal campaign con hittee.	es) nmittee, to receiv	e and expen		behalf of my 4
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ESIGNATIO (med committee, filed with the pr	Including Joint Fundrals , which is NOT my princ incipal campaign comm	sing Representativ sipal campaign con hittee.	es) nmittee, to receiv	e and expen		behalf of my 4
C N (1	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ESIGNATIO (med committee, filed with the pr	Including Joint Fundrals , which is NOT my princ incipal campaign comm	sing Representativ sipal campaign con hittee.	es) nmittee, to receiv and belief it is true Date	e and expen	1 complete	behalf of my 2
c N (; () () () Sigr	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code	ESIGNATIO (med committee, filed with the pri amined this Sta	Including Joint Fundrais which is NOT my princ incipal campaign comm tement and to the best	sing Representativ sipal campaign con hittee. of my knowledge a	es) nmittee, to receiv and belief it is true Date	e and expen	7, 20	behalf of my A
c N (; () () () Sigr	hereby authorize the following na candidacy. NOTE: This designation should be (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have ex nature of Candidate	ESIGNATIO (med committee, filed with the pri amined this Sta	Including Joint Fundrais which is NOT my princ incipal campaign comm tement and to the best	sing Representativ sipal campaign con hittee. of my knowledge a	es) nmittee, to receiv and belief it is true Date	e and expen	7, 20	behalf of my A

1

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the \mathbf{n}) icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to ind	AING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature C	onfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fel Next Bus	Shipping Date
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date Other (Specify):	of Receipt or Postmarked
PREPARER	1/17/12- DATE PREPARED
(3/2005)	