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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)		<u> </u>	<u> </u>				
	Palombi, Christopher, , ,  (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
	P.O. Box 240	□ Check if address changed				H0MD05225		
	(c) City, State, and ZIP Code						lew Amended	
	St Leonard		MD	2068			N) OR (A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate		
	REPUBLICAN PARTY	House			MD	05		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) PALOMBI FOR CONGRESS								
	(b) Address (number and street) P.O. BOX 240							
	(c) City, State, and ZIP Code							
	ST. LEONARD				MD	20685		
			05.07					
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 exa	mined this Staten	nent and to	the best of	my knowledge a	and belief it is true, correc	t and complete.	
Signature of Candidate Date								
Pa	alombi, Christopher, , ,			[Floo	tronically Filed]	11/15/2021		
				Elect	ronically Pileaj			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)