

Image# 201910209165231798

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Price, Phillip, G, Mr.,			2. Candidate's FEC Identification Number H8NC11103	
(b) Address (number and street) P.O. Box 729		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Marion NC 28752		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NC 11		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) PRICE4WNC		
(b) Address (number and street) PO BOX 729		
(c) City, State, and ZIP Code MARION NC 28752		

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 Price, Phillip, G, Mr., <i>[Electronically Filed]</i>	Date 10/20/2019
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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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