

Image# 202210139532188806

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SHAFFER, JEREMY, , ,		
(b) Address (number and street) PO BOX 391		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code GIBSONIA PA 15044		2. Candidate's FEC Identification Number H2PA17160
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
		6. State & District of Candidate PA 17
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" 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 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) FRIENDS OF JEREMY SHAFFER		
(b) Address (number and street) PO BOX 391		
(c) City, State, and ZIP Code GIBSONIA PA 15044		

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) SHAFFER FOR PA-17 REPUBLICAN NOMINEE FUND 2022		
(b) Address (number and street) PO BOX 9891		
(c) City, State, and ZIP Code ARLINGTON VA 22219		

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 SHAFFER, JEREMY, , , [Electronically Filed]	Date 10/13/2022
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

TAKE BACK THE HOUSE 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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)

JEREMY SHAFFER VICTORY FUND

(b) Address (number and street)

PO BOX 391

(c) City, State, and ZIP Code

GIBSONIA

PA

15044

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TAKE BACK THE HOUSE 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

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(a) Name of Committee (in full)

JEREMY SHAFFER VICTORY FUND

(b) Address (number and street)

PO BOX 391

(c) City, State, and ZIP Code

GIBSONIA

PA

15044

Optional Supplemental Page for Designation
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

PENNSYLVANIA CONGRESSIONAL RENEWAL 2022

(b) Address (number and street)

228 S. WASHINGTON STREET
SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

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)

SHAFFER VICTORY 2022 COMMITTEE

(b) Address (number and street)

PO BOX 391

(c) City, State, and ZIP Code

GIBSONIA PA 15011

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

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