Image# 202201259475158809 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)									
	rett, Susan, , ,		L1. 16			10.0 "	4-1- FEQ. : 1		Ni	
	(b) Address (number and street) ☐ Check if address c PO Box 921			ss changed			Candidate's FEC Identification Number H2IL14110			
(c) City, S	State, and ZIP Code					3. Is This		New		Amended
Sug	ar Grove		IL	6055	4	Staten	nent 🗶 (N) OR	ш	(A)
4. Party Aff	iliation	5. Office Soug	ht		6. State & Dis	trict of Candid	date			
REPUB	LICAN PARTY	House			IL	14				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name	e of Committee (in full)									
Fri	ends of Susan S	tarrett								
	ess (number and street) Box 921									
101	DOX 921									
(c) City, S	State, and ZIP Code									
Suc	gar Grove				IL	60554	ļ			
	DE	ESIGNATIO			THORIZED g Representativ		TEES			
8. I hereby candidad	authorize the following na cy.	med committee,	which is NO	T my princip	al campaign cor	mmittee, to re	ceive and e	xpend fund	ds on bel	half of my
NOTE: T	his designation should be	filed with the pri	ncipal campa	aign committe	ee.					
(a) Name	e of Committee (in full)									
(b) Addre	ess (number and street)									
(a) City (State, and ZIP Code									
(c) City, s	State, and ZIP Code									
	I certify that I have ex	amined this Stat	ement and to	the best of	my knowledge a	and belief it is	true, correc	ct and com	plete.	
Signature of Candidate						Date				
Starrett, Susan				01/25/20	22					
				[Elect	ronically Filed]	01/23/20	22			
	mission of false, erroneous	s, or incomplete	information n	nay subject t	he person signi	ng this Stater	ment to pena	alties of 2 l	J.S.C. §4	137g.
	mission of false, erroneous	s, or incomplete	information n	nay subject t	he person signi	ng this Stater	ment to pena	alties of 2 l	J.S.C. §4	137g.
	mission of false, erroneous	s, or incomplete	information n	nay subject t	he person signi	ng this Stater	ment to pena	alties of 2 l	J.S.C. §4	

FEC FORM 2 (REV. 02/2009)