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FEC FORM 2

STATEMENT OF CANDIDACY

1.									
	(a) Name of Candidate (in full)								
	Bouchard, Anthony, , ,								
	(b) Address (number and street) 1903 S. Greeley Hwy #273	☐ Check if address changed				Candidate's FEC Identification Number H2WY00158			
	(c) City, State, and ZIP Code					3. Is This	New	,	Amended
	Cheyenne		WY	82007	•	Stateme	nt 🗶 (N)	OR	(A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candida	te		
	REPUBLICAN PARTY	House			WY	00			
	DE	SIGNATION	OF PRINC	CIPAL	CAMPAIG	N COMMIT	TEE		
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 f	iled with the appr	opriate office li	sted in th	e instructions.				
	(a) Name of Committee (in full)								
	Anthony Bouchard f	or Congres	S						
	(b) Address (number and street)								
	1903 S Greeley Hwy								
	#273								
	(c) City, State, and ZIP Code								
	Cheyenne				WY	82007			
	•								
	DE	SIGNATION (Inc		_	HORIZED Representativ		EES		
8.	I hereby authorize the following name candidacy.	ned committee, w	hich is NOT m	y principa	l campaign cor	nmittee, to rece	eive and expe	nd funds	on behalf of my
	NOTE: This designation should be f	led with the princ	ipal campaign	committe	e.				
_	(a) Name of Committee (in full)								
	(1)								
	(b) Address (number and street)								
	(c) Citv. State. and ZIP Code								
	(c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code								
		mined this Staten	nent and to the	hest of r	ny knowledne s	and heliaf it is tr	ule correct a	nd compl	oto
_	I certify that I have exa	mined this Staten	nent and to the	best of n	ny knowledge a		rue, correct ar	nd compl	ete.
	I certify that I have exa	mined this Staten	nent and to the	e best of n	ny knowledge a	and belief it is tr	rue, correct ar	nd compl	ete.
	I certify that I have exa	mined this Staten	nent and to the		ny knowledge a ronically Filed]			nd compl	ete.
	I certify that I have exa	mined this Staten	nent and to the			Date		nd compl	ete.
Во	I certify that I have exa			[Electr	onically Filed]	Date 01/20/2021	ı		
Во	I certify that I have exa gnature of Candidate ouchard, Anthony, , ,			[Electr	onically Filed]	Date 01/20/2021	ı		
Во	I certify that I have exa gnature of Candidate ouchard, Anthony, , ,			[Electr	onically Filed]	Date 01/20/2021	ı		

FEC FORM 2 (REV. 02/2009)