Image# 202401269600418821 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

$\overline{}$							
1.	(a) Name of Candidate (in full)						
_	MESSMER, MARK, , MR., (b) Address (number and street)	□ Check	if address cl	hanned		2. Candidate's FEC Identification Number	
	PO BOX 44003	L Oncok	ii addi coo oi	nangou		H4IN08249	
	(c) City, State, and ZIP Code					3. Is This New Amended	t
	INDIANAPOLIS		IN	46244		Statement X (N) OR (A)	
4.	Party Affiliation REPUBLICAN PARTY	Office Sought House			6. State & Dist	rict of Candidate 08	
_							_
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full)						_
	MESSMER FOR CO	NGRESS					
	(b) Address (number and street)						_
	PO BOX 44003						
	(c) City, State, and ZIP Code						
	INDIANAPOLIS				IN	46244	
							_
	DE	SIGNATION O	F OTHE	R AIIT	THORIZED	COMMITTEES	
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.	,	,		1 3	,	
	NOTE: This designation should be f	iled with the principa	l campaign o	committe	ee.		
	(a) Name of Committee (in full)						—
	(a) Name of Committee (in ruil)						
	(b) Address (number and street)						
	(c) City, State, and ZIP Code						—
	(c) City, State, and ZIP Code						—
	(c) City, State, and ZIP Code						_
		mined this Statemen	t and to the	best of r	my knowledge a	and belief it is true, correct and complete.	_
Si		mined this Statemen	t and to the	best of ı	my knowledge a	and belief it is true, correct and complete. Date	
	I certify that I have exa	mined this Statemen	t and to the	best of I	my knowledge a		—
	I certify that I have exa	mined this Statemen	t and to the	best of I	my knowledge a	Date	-
M	I certify that I have exa gnature of Candidate IESSMER, MARK, , MR.,					Date 01/26/2024	
M	I certify that I have exa gnature of Candidate IESSMER, MARK, , MR.,					Date	
M	I certify that I have exa gnature of Candidate IESSMER, MARK, , MR.,					Date 01/26/2024	

FEC FORM 2 (REV. 02/2009)