

Image# 201905209149771829

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Koble, Clint, Matthew, Mr.,			2. Candidate's FEC Identification Number H8NV02095	
(b) Address (number and street) 3055 Reuben Drive		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Reno NV 89502		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 NV 02		

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) FRIENDS OF CLINT KOBLE		
(b) Address (number and street) P.O. BOX 11263		
(c) City, State, and ZIP Code RENO NV 89510		

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 Koble, Clint, Matthew, Mr., <i>[Electronically Filed]</i>	Date 05/20/2019
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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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