

FEC FORM 2  
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Enoch, Vanessa, L., Dr.,		
(b) Address (number and street) 8172 Misty Shore Drive		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code West Chester OH 45069		2. Candidate's FEC Identification Number H8OH08097
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate OH 08		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 2024 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) COMMITTEE TO ELECT ENOCH		
(b) Address (number and street) 8172 MISTY SHORE DRIVE		
(c) City, State, and ZIP Code WEST CHESTER OH 45069		

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 Enoch, Vanessa, , Dr.,	Date 10/24/2024
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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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Form/Schedule: F2A  
Transaction ID :

Here is a copy of my previously filed form

Form/Schedule:  
Transaction ID: