FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)			<u> </u>				
	Smith, Christopher, H, , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
	PO Box 1266	_ chesh in address on anges			H8NJ04014			
	(c) City, State, and ZIP Code					3. Is This No		nded
	Toms River	NJ 08754-1266				Statement (N) OR (A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sough House	nt		6. State & Distr	rict of Candidate 04		
	KEI ODEIOANT AKTT	Tiouse			140	0-1		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	Thereby 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)							
Friends of Chris Smith								
_	(b) Address (number and street)							
	PO Box 1266							
	(c) City, State, and ZIP Code							
	Toms River				NJ	08754-1266		
_								
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)								
	Chris Smith Victory	Fund						
	(b) Address (number and street)							
	146 Prospect Ave							
_	(c) City, State, and ZIP Code							
	Trenton				NJ	08620-2934		
	I certify that I have exa	mined this State	ement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Si	gnature of Candidate					Date		
Si	nith, Christopher, H, ,			[Elec	tronically Filed]	12/27/2022		
				_				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F2A Transaction ID :

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