

Image# 202004249232292841

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thripp, Kristy, , ,		2. Candidate's FEC Identification Number H0FL02219
(b) Address (number and street) <input type="checkbox"/> Check if address changed 265 HICKORY AVE		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code ORANGE CITY FL 32763		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 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) Kristy Thripp for Congress		
(b) Address (number and street) 265 HICKORY AVE		
(c) City, State, and ZIP Code ORANGE CITY FL 32763		

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 Thripp, Kristy, , , <i>[Electronically Filed]</i>	Date 04/24/2020
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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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