

Image# 202001279167388857

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full) Marx, William, A, Mr., III | | | 2. Candidate's FEC Identification Number HOPA14138 | |
| (b) Address (number and street) 127 Abbe Place | | <input type="checkbox"/> Check if address changed | | |
| (c) City, State, and ZIP Code Delmont PA 15626 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought House | 6. State & District of Candidate PA 14 | | |

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 to Elect Bill Marx | | |
| (b) Address (number and street) P.O. Box 239 | | |
| (c) City, State, and ZIP Code Murrysville PA 15668 | | |

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 Marx, William, A, Mr., III <i>[Electronically Filed]</i> | Date 01/27/2020 |
|---|--------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|