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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) PETTIGREW, AARON, Leo, ,									
	(b) Address (number and street) 7414 APPOMATTOX DR  ☐ Check if address changed					Candidate's FEC Identification Number     S8TN00394				
	(c) City, State, and ZIP Code					3. Is This	lew	Amended		
	MURFREESBORO					`	N) OR	(A)		
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug Senate			6. State & Distr	rict of Candidate 00				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Name of Committee (in full)  AARON PETTIGREW FOR SENATE										
	(b) Address (number and street) 7414 APPOMATTOX DR									
	(c) City, State, and ZIP Code									
	MURFREESBORO				TN	37130				
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 f	led with the pr	incipal campa	ign committ	ee.					
(a) Name of Committee (in full)										
	(b) Address (number and street)									
(c) City, State, and ZIP Code										
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correc	t and comple	te.		
Si	gnature of Candidate					Date				
Pe	ettigrew, Aaron, Leo, ,	[Electronically Filed]				05/16/2019				
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)