FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) SWEARENGIN, PAULA JEAN							
	b) Address (number and street)					Candidate's FEC Identification Number S0WV00215		
	(c) City, State, and ZIP Code						ew Amended	
	SOPHIA		W۱	/ 2592	1	Statement X (N		
4.	Party Affiliation	5. Office Soug	ght		6. State & Distr	rict of Candidate		
	DEMOCRATIC PARTY	Senate			WV	00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
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) PAULA JEAN FOR WEST VIRGINIA							
	(b) Address (number and street) PO BOX 1688							
	(c) City, State, and ZIP Code							
	SOPHIA				WV	25921		
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)								
8.	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) PAULA SWEARENGIN 2018								
	(b) Address (number and street) P. O. BOX 1688							
	(c) City, State, and ZIP Code							
	SOPHIA				WV	25921		
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 Date								
SI	WEARENGIN, PAULA JEAN, , ,		[Elec	tronically Filed]	06/11/2019			
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)