

**FEC FORM 2
STATEMENT OF CANDIDACY**

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2018 MAR -8 AM 11:06

1 (a) Name of Candidate (in full) McDaniel, Chris, , ,		2. Candidate's FEC Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 414 W Oak St		
(c) City, State, and ZIP Code Laurel MS 39440		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate MS 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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 of Chris McDaniel	
(b) Address (number and street) PO Box 491	
(c) City, State, and ZIP Code Laurel MS 39441	

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 McDaniel, Chris...	Date 2/28/18
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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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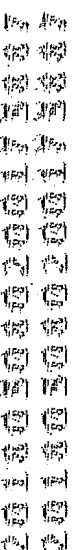
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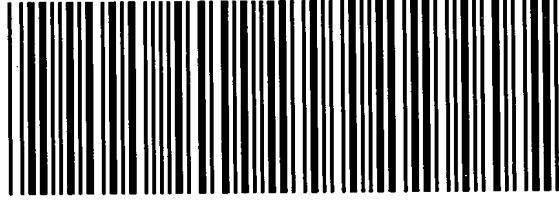
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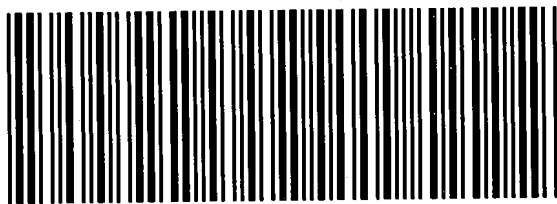
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