

FEC FORM 2

STATEMENT OF CANDIDACY

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|---|------------------------------|--|
| 1. (a) Name of Candidate (in full) George Gollin | | 2. Identification Number applied FELTUAL REATED 8 |
| (b) Address (number and street) 813 W University Ave | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Champaign IL 61820 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation Dem | 5. Office Sought US House | 6. State & District of Candidate IL-13 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 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 George Gollin |
| (b) Address (number and street) PO Box 333 |
| (c) City, State, and ZIP Code Champaign, IL 61824 |

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  | Date 7/17/2013 |
|---|-------------------|

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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Federal Election Commission
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 7/29/13
PREPARER **DATE PREPARED**

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