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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                   |  |                |                                   |                  |            |          |          |         |       |  |
|-----|---|-------------------|--|----------------|-----------------------------------|------------------|------------|----------|----------|---------|-------|--|
|     | Broderick, Jonia, Marie, ,  (b) Address (number and street) 1206 West Holt Farm Lane  | □С                | 2. Candidate's FEC Identification Number |                |                                   |                  |            |          |          |         |       |  |
|     | (c) City, State, and ZIP Code   |                   |  |                | H0UT04027  3. Is This New Amended |                  |            |          |          |         |       |  |
|     | South Jordan  |                   | Staten                                   |                | New<br>(N)                        | OR               | П          | (A)      |          |         |       |  |
| 4.  | Party Affiliation   | 5. Office Soug    | UT<br>iht                                | 84095          | 6. State & Dis                    |                  |            | (/       |          |         | ( )   |  |
|     | OTHER   | House             | ,  |                | UT                                | 04               |            |          |          |         |       |  |
|     | D   | ESIGNATIO         | N OF PR                                  | INCIPAL        | CAMPAIG                           | N СОММІ          | TTEE       |          |          |         |       |  |
| 7.  | hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).  |                   |  |                |                                   |                  |            |          |          |         |       |  |
|     | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                   |  |                |                                   |                  |            |          |          |         |       |  |
|     | (a) Name of Committee (in full)   |                   |  |                |                                   |                  |            |          |          |         |       |  |
|     | Team Jonia 2020 (   | Campaign          |  |                |                                   |                  |            |          |          |         |       |  |
|     | (b) Address (number and street)<br>1206 W Holt Farm Lane  |                   |  |                |                                   |                  |            |          |          |         |       |  |
|     | (c) City, State, and ZIP Code   |                   |  |                |                                   |                  |            |          |          |         |       |  |
|     | South Jordan  |                   |  |                | UT                                | 84095            | 5          |          |          |         |       |  |
| 8.  | DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  3. 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 ex  | kamined this Stat | tement and to                            | the best of r  | ny knowledge a                    | and belief it is | true, con  | rect and | d comple | ete.    |       |  |
| Sig | gnature of Candidate  |                   |  |                |                                   |                  | Date       |          |          |         |       |  |
| Br  | oderick, Jonia, Marie, ,  |                   | [Electronically Filed]                   |                |                                   |                  | 07/27/2019 |          |          |         |       |  |
| NC  | OTE: Submission of false, erroneou  | s, or incomplete  | information n                            | nay subject th | ne person signi                   | ing this Stater  | ment to pe | enalties | of 2 U.S | S.C. §4 | .37g. |  |
|     |   |                   |  |                |                                   |                  |            |          |          |         |       |  |

FEC FORM 2 (REV. 02/2009)