

Image# 202008319267063929

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) BERRY, MIRIAM, , Mrs.,		2. Candidate's FEC Identification Number HOVT00130
(b) Address (number and street) <input type="checkbox"/> Check if address changed 5 GARDENSIDE LANE		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code ESSEX VT 05452		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate VT 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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 MIRIAM BERRY	
(b) Address (number and street) 5 GARDENSIDE LN	
(c) City, State, and ZIP Code ESSEX JCT VT 05452	

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 Berry, Miriam, , Mrs., RN <i>[Electronically Filed]</i>	Date 08/31/2020
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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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