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FEC FORM 2

STATEMENT OF CANDIDACY

1. ((a) Name of Candidate (in full)										
	Benton, Steven, Douglas, ,					1					
((b) Address (number and street) 1602 Shackelford St.	⊔Ch	eck if addres	ss changed		Candidate's FEC Identification Number H0NC03404					
((c) City, State, and ZIP Code					3. Is This		W	Amended		
	Morehead City		NC	2855	7	Statem	ent (N)	OR	(A)		
4. I	Party Affiliation	5. Office Sough	t		6. State & Dist	trict of Candid	ate				
	REPUBLICAN PARTY	House			NC	03					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)										
I	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
((a) Name of Committee (in full)										
Pete Benton for Congress											
	(1) A 1 1 (1)										
((b) Address (number and street) 1602 Shackelford St.										
	(c) City, State, and ZIP Code										
	Morehead City				NC	28557					
	mereneda eny										
	DE	SIGNATION	I OF OTI	HER AU	THORIZED	COMMIT	TEES				
		(In	cluding Join	t Fundraisin	g Representativ	res)					
	hereby authorize the following nan	ned committee, v	which is NO	Γ my princip	al campaign cor	mmittee, to red	ceive and exp	end funds	s on behalf of my		
	NOTE: This designation should be f	filed with the prin	cipal campa	ian committ	ee.						
		p									
((a) Name of Committee (in full)										
	(b) Address (number and street)										
,	(b) Address (Humber and street)										
	(c) City, State, and ZIP Code										
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is	true, correct a	and comp	lete.		
Sia	nature of Candidate					Date					
Benton, Steven, Douglas, ,											
Der	uon, Sieven, Dougias, ,			[Elec	tronically Filed]	10/25/201	19				
NO.	TE: Submission of false, arrangeus	or incomplete in	formation ~	nav subject t	he person signi	ng this States	ent to popula	es of 2 LL	S C 8/37a		
NO	TE: Submission of false, erroneous	, or incomplete if	iioimation m	iay Subject t	ne person signii	ng triis Statem	ieni io penalt	es of 2 O.	3.0. 843/g.		
I											

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