Image# 201707189066767950 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name (
•	of Candidate (in full)										
	z, Ann, E, ,					100					
	b) Address (number and street) Check if address changed 12201 Apache Ave NE					Candidate's FEC Identification Number H8NM01414					
(c) City, St	ate, and ZIP Code					3. Is Thi		New		Amended	
Albuq	uerque		NM	87112	2	Stater	nent X	(N) OF	ł 📙	(A)	
4. Party Affilia	ation	5. Office Sought			6. State & Dist	rict of Candi	date				
DEMOCF	RATIC PARTY	House			NM	01					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)											
	s designation should be	filed with the appr	opriate office l	isted in th	ne instructions.						
` ,	of Committee (in full)										
Ann	ie Chavez for C	ongress									
` '	s (number and street) Apache Ave NE										
(c) City, St	ate, and ZIP Code										
Albu	querque				NM	8711	2				
	-		05 05115			0014141					
	Di	SIGNATION (Inc		_	I HORIZED g Representativ		IEES				
		,	-			·					
candidacy.	uthorize the following na	ned committee, w	nich is NOT m	y principa	ai campaign cor	nmittee, to re	eceive and e	expena tun	as on bena	air of my	
carididacy.											
•	s designation should be	filed with the princ	ipal campaign	committe	ee.						
NOTE: Thi	s designation should be	filed with the princ	ipal campaign	committe	ee.						
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NOTE: Thi (a) Name (is designation should be of Committee (in full)	filed with the princ	ipal campaign	committe	ee.						
NOTE: Thi (a) Name (is designation should be	filed with the princ	ipal campaign	committe	ee.						
NOTE: Thi (a) Name (is designation should be of Committee (in full)	filed with the princ	ipal campaign	committe	Đ e .						
NOTE: Thi (a) Name (is designation should be of Committee (in full) s (number and street) ate, and ZIP Code										
NOTE: Thi (a) Name (is designation should be of Committee (in full)					and belief it i.	s true, corre	ct and com	aplete.		
NOTE: Thi (a) Name (is designation should be of Committee (in full) is (number and street) ate, and ZIP Code I certify that I have ex					and belief it is	s true, corre	ct and com	pplete.		
(a) Name (b) Addres (c) City, St	is designation should be of Committee (in full) is (number and street) ate, and ZIP Code I certify that I have ex			e best of r	my knowledge a	Date		ct and con	aplete.		
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NOTE: Thi (a) Name (c) (b) Address (c) City, St	is designation should be of Committee (in full) is (number and street) ate, and ZIP Code I certify that I have ex			e best of r	my knowledge a	Date		ct and con	aplete.		
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(a) Name (b) Address (b) Address (c) City, St.	is designation should be of Committee (in full) is (number and street) ate, and ZIP Code I certify that I have ex Candidate E, ,	amined this Stater	nent and to the	e best of l	my knowledge a ronically Filed]	Date 07/18/20	017			7g.	
(a) Name (b) Address (b) Address (c) City, St.	is designation should be of Committee (in full) is (number and street) ate, and ZIP Code I certify that I have ex Candidate E, ,	amined this Stater	nent and to the	e best of l	my knowledge a ronically Filed]	Date 07/18/20	017			7g.	

FEC FORM 2 (REV. 02/2009)