

FEC FORM 2

STATEMENT OF CANDIDACY

RECEIVED
 DETAIL RE SEPARATE
 17 SEP 18 PM 3:18

1. (a) Name of Candidate (in full) Kelli M. Ward		
(b) Address (number and street) 3619 Desert Rose Ln		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Lake Havasu City, AZ 86404		2. FEC Candidate Identification Number S6AZ00233
4. Party Affiliation REP	5. Office Sought SEN	3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
6. State & District of Candidate AZ		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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)
Kelli Ward for Senate, Inc.

(b) Address (number and street)
1628 E. Southern Ave #9329

(c) City, State, and ZIP Code
Temp, AZ 85282

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

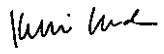
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
NOTE: This designation should be filed with the principal campaign committee.

(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 Sep 14, 2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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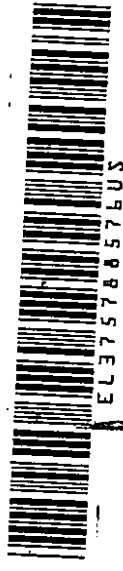
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SEP 18 2017
Senate Post Office

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PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	Postage	
080531	09/15/17	\$ 33.72	
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
09/14/17	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	<input type="checkbox"/> 12 NOON <input type="checkbox"/> 2:00 PM	Return Receipt Fee	Live Animal Transportation Fee
1:00 PM	10:30 AM Delivery Fee	\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
1.000 lbs.	\$	\$ 33.72	
<input type="checkbox"/> Flat-Rate	Accepted Employee Initials		
	Employee Signature		

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Delivery Attempt (MM/DD/YYYY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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P S 100 1000006

United States Senate

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

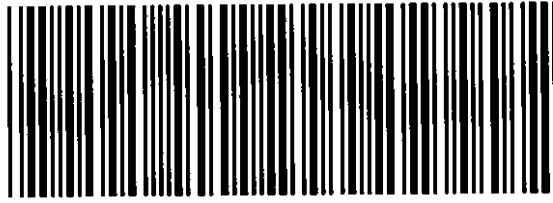
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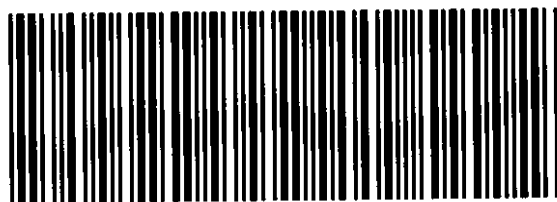
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