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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
Dietzen, Chuck, , Dr.,					2. Candidate's FFC Identification N. I.		
	(b) Address (number and street) PO Box 20730	☐ Check if address changed			Candidate's FEC Identification Number H0IN05250		
_	(c) City, State, and ZIP Code				3. Is This New	Amended	
	Indianapolis		N 4622	0	Statement X (N) OR	(A)	
4.	Party Affiliation	5. Office Sought			ict of Candidate		
	Rep	House		IN	05		
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) Dr. Chuck for Congress							
	(b) Address (number and street) PO Box 20730						
	(c) City, State, and ZIP Code						
	Indianapolis			IN	46220		
(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						
	·	mined this Statement and	to the best of	my knowledge al	nd belief it is true, correct and complete.		
	ignature of Candidate				Date		
D	ietzen, Chuck, , Dr.,		[Elec	tronically Filed]	10/25/2019		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							

FEC FORM 2 (REV. 02/2009)