## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1.	(a) Name of Candidate (in full)									
	Coleman, Linda, , ,									
	(b) Address (number and street) P.O. Box 27502	□ Check if address changed		2. Candidate's FEC Identification Number H8NC02110						
	(c) City, State, and ZIP Code					3. Is Thi		ew		mended
	Raleigh		NC	2761	1	Stater	ment (N	I) OR	<b>X</b> (A	4)
4.	Party Affiliation	5. Office Sought			6. State & Dist		date			
	DEMOCRATIC PARTY	House			NC	02				
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGN		ITTEE			
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election(s).									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full) LINDA COLEMAN FOR CONGRESS									
	(b) Address (number and street) P.O. BOX 27502									
	(c) City, State, and ZIP Code									
	RALEIGH				NC	2761 <sup>-</sup>	1			
8.	(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) HOUSE VICTORY PROJECT									
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE									
	(c) City, State, and ZIP Code									
	WASHINGTON				DC	20003	3			
	I certify that I have exa	mined this Staten	nent and to	the best of	my knowledge a	nd belief it is	s true, correct	and compl	ete.	
Si	ignature of Candidate					Date				
С	oleman, Linda, , ,			[Elec	tronically Filed]	12/12/20	)18			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
								FE	C FORM 2 (I	REV. 02/2009)

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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## 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)				
COLEMAN VICTORY FUND				
(b) Address (number and street) 1239 FORDHAM BLVD STE 197				
(c) City, State, and ZIP Code CHAPEL HILL	NC	27514		

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.

()		
		-
(b) Address (number and street)		
		_
(c) City, State, and ZIP Code		

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)
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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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