

FEC FORM 2
STATEMENT OF CANDIDACY

RECEIVED
 FEC MAIL CENTER
 2018 JUN 21 PM 12:10

1. (a) Name of Candidate (in full) Marty Perez		2. FEC Candidate Identification Number C00680942
(b) Address (number and street) <input type="checkbox"/> Check if address changed 5508 Ocean Dr.		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Corpus Christi, TX 78412		
4. Party Affiliation Republican	5. Office Sought U.S. House of Rep. District 27	6. State & District of Candidate Texas

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the Special Election 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) Dr. Marty Perez Campaign for Congress 27th. District
(b) Address (number and street) 5508 Ocean Dr
(c) City, State, and ZIP Code Corpus Christi, TX. 78412

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 Marty M. Perez MD	Date 6/19/2018
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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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Optional Supplemental Page for Designation of Additional Authorized Committees

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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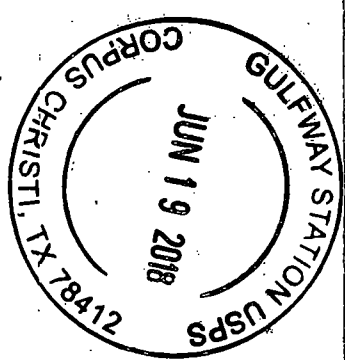
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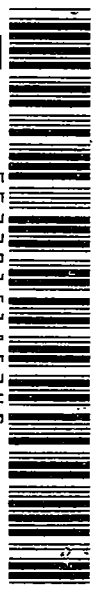
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Dr Marty Perez
5502 Orma Dr
Corpus Christi, TX 78412

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer requires the addressee's signature. OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery (required additional fee, where available)
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- Refer to USPS.com or local Post Office for availability.

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FEES

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PO ZIP Code	78412	Scheduled Delivery Date (MM/DD/YYYY)	6-21-18	Postage	\$ 24.70
Date Accepted (MM/DD/YYYY)	6-19-18	Scheduled Delivery Time	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	Insurance Fee	\$
Time Accepted	5:04 PM	10:30 AM Delivery Fee		Return Receipt Fee	\$ 2.75
Special Handling/Fragile		Sunday/Holiday Premium Fee		Live Animal Transportation Fee	\$
Weight	0.230 lbs.	Acceptance Employee Initials	J.A.	Total Postage & Fees	\$ 27.45
Delivery Attempt (MM/DD/YYYY) Time		Employee Signature			
Delivery Attempt (MM/DD/YYYY) Time		Employee Signature			

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 6-19-18
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	6-21-18 DATE PREPARED

20180619 10:00 AM EDT