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FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | | | = | |
|---|--|--|---------------|-------------|-----------------|--|---|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | |
| | Seeger, Hillary, Susan, Mrs., (b) Address (number and street) Check if address changed | | | | | 2. Candidate's FEC Identification Number | | |
| | 263 MATHEWS RD | □ Cr | ieck ii addre | ss changed | | H4NH02357 | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amended | 1 | |
| | ALEXANDRIA | | NF | 1 0322 | | Statement X (N) OR (A) | | |
| 4. | Party Affiliation REPUBLICAN PARTY | Office Sough House | ht | | 6. State & Dist | trict of Candidate 02 | | |
| 1.2. 622.67.11.71.11.1 | | | | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | Seeger 2024 | | | | | | _ | |
| | (b) Address (number and street) | | | | | | | |
| | 263 MATHEWS RD | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | ALEXANDRIA | | | | NH | 03222 | | |
| 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 exa | mined this State | ement and to | the best of | my knowledge a | and belief it is true, correct and complete. | | |
| Signature of Candidate | | | | | Date | _ | | |
| Seeger, Hillary, Susan, Mrs, | | | | | 04/03/2024 | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)