

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) BRENT M OTTAWAY		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 212 QUINCE COURT		2. FEC Candidate Identification Number H8 PA 13 133
(c) City, State, and ZIP Code HOLLIDAYSBURG, PA 16648-3215		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEM	5. Office Sought US HOUSE	6. State & District of Candidate PENNSYLVANIA DISTRICT 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) BRENT OTTAWAY FOR CONGRESS
(b) Address (number and street) 506 HART STREET
(c) City, State, and ZIP Code HOLLIDAYSBURG, PA 16648-1226

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 5/30/18
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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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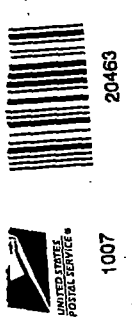
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<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code	Scheduled Delivery Date (MMDDYY)	Postage	
16248	6/1	\$	
Date Accepted (MMDDYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
5-31	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
9:27	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$	24.70	
Weight	Acceptance Employee Initials		
lbs. ozs.	151		
<input type="checkbox"/> Flat Rate			
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MMDDYY) Time	Employee Signature		
Delivery Attempt (MMDDYY) Time	Employee Signature		

PAYMENT BY ACCOUNT (if applicable)

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 Delivery Options
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Federal Election Commission
 1050 First Street, NE
 Washington, DC 20463

PHONE ()

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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
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<input type="checkbox"/> USPS First Class Mail	Postmarked	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5-31-18
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<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
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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<i>mf</i> PREPARER	6-1-18
(3/2015)	DATE PREPARED

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