

Image# 201706099056424529

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCHWEIKERT, DAVID, , ,			2. Candidate's FEC Identification Number H4AZ06045	
(b) Address (number and street) 15819 E SYCAMORE DRIVE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code FOUNTAIN HILLS AZ 85268		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate AZ 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 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) FRIENDS OF DAVID SCHWEIKERT		
(b) Address (number and street) 228 S WASHINGTON STREET STE 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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) SCHWEIKERT VICTORY COMMITTEE		
(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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 SCHWEIKERT, DAVID, , , <i>[Electronically Filed]</i>	Date 06/09/2017
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

FREEDOMWORKS PAC

(b) Address (number and street)

PO BOX 75760

(c) City, State, and ZIP Code

WASHINGTON

DC

20013

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

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(c) City, State, and ZIP Code