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## FEC FORM 2

## STATEMENT OF CANDIDACY

|   | of Candidate (in full)               |                            |                        |               |                  |   |                 |            |          |         |  |
|---|--------------------------------------|----------------------------|------------------------|---------------|------------------|---|-----------------|------------|----------|---------|--|
|   | ing, Zachariah, C., ,                |                            |                        |               |                  |   |                 |            |          |         |  |
|   | ss (number and street)<br>ox 515022  | ☐ Check if address changed |                        |               |                  | Candidate's FEC Identification Number     H2TX30129 |                 |            |          |         |  |
| (c) City, S   | state, and ZIP Code                  |                            |                        |               |                  | 3. Is This  | New             | /          |          | Amended |  |
| Dalla   | IS                                   |                            | TX                     | 7525          | 1                | Statemer  | nt <b>X</b> (N) | OR         |          | (A)     |  |
| 4. Party Affil  | iation                               | 5. Office Soug             | ht                     |               | 6. State & Dist  | rict of Candidat                                    | е               |            |          |         |  |
| DEMOC   | RATIC PARTY                          | House                      |                        |               | TX               | 30  |                 |            |          |         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)                          |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| (a) Name of Committee (in full)   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| Zachariah Manning for Congress  |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   | ss (number and street)<br>Box 515022 |                            |                        |               |                  |   |                 |            |          |         |  |
| (c) City, S   | State, and ZIP Code                  |                            |                        |               |                  |   |                 |            |          |         |  |
| Dall  | as                                   |                            |                        |               | TX               | 75251   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| (moluturing sount i unuraising 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)   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| (b) Address (number and street)   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
| (c) City, State, and ZIP Code   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   | I certify that I have ex             | amined this Stat           | ement and to           | the best of   | my knowledge a   | and belief it is tru                                | ue, correct a   | nd comple  | ete.     |         |  |
| Signature of Candidate  |                                      |                            |                        |               |                  | Date  |                 |            |          |         |  |
| Manning, Za   | chariah, C., Mr.,                    |                            | [Electronically Filed] |               |                  |   | 05/03/2021      |            |          |         |  |
|   |                                      |                            |                        | LEite         | romeany 1 maj    |   |                 |            |          |         |  |
| NOTE: Subn  | nission of false, erroneous          | s, or incomplete           | information m          | nay subject t | he person signir | ng this Stateme                                     | nt to penaltie  | s of 2 U.S | S.C. §43 | 37g.    |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |
|   |                                      |                            |                        |               |                  |   |                 |            |          |         |  |

FEC FORM 2 (REV. 02/2009)