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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Adams, Kimberly, , ,	• * * * * * * * * * * * * * * * * * * *				O Condidatela FFO Identification Number			
	(b) Address (number and street) PO Box 439	☐ Check if address changed			Candidate's FEC Identification Number H8VA10148				
	(c) City, State, and ZIP Code						New	Amended	
	Centreville		VA	A 2012			(N) OR	(A)	
4.	Party Affiliation	5. Office Soug	ıht			rict of Candidate			
	DEMOCRATIC PARTY	House			VA	10			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMITTEE			
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Kimberly Adams for Congress									
	(b) Address (number and street)								
	PO Box 439								
	(c) City, State, and ZIP Code								
	Centreville				VA	20120			
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)								
(b) Address (number and street)									
	(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Stat	tement and to	the best of	my knowledge a	and belief it is true, corre	ct and comple	te.	
Sig	nature of Candidate					Date			
Ad	ams, Kimberly, , ,	[Electronically Filed]				07/07/2017			
				-					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									

FEC FORM 2 (REV. 02/2009)