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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (	a) Name of Candidate (in full)									
	George, Kimberly, , ,									
(	b) Address (number and street) 8529 E Paraiso Drive	☐ Check if address changed				Candidate's FEC Identification Number     H4AZ01293				
(	c) City, State, and ZIP Code					3. Is This	New			Amended
	Scottsdale		AZ	8525	5	Statement	X (N)	OR		(A)
4. F	Party Affiliation	5. Office Sought				rict of Candidate				
	REPUBLICAN PARTY	House			AZ	01				
	DE	SIGNATION	OF PRIN	ICIPAL	CAMPAIGI	N COMMITT	EE			
7. I	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
ı	NOTE: This designation should be f	iled with the appro	priate office	listed in th	ne instructions.					
(	a) Name of Committee (in full)									
	Kim George For Ariz	ona								
(	b) Address (number and street)									
	7339 E Williams Drive 25866									
(	c) City, State, and ZIP Code									
	Scottsdale				AZ	85255-999	98			
	DE	SIGNATION	OF OTHI	FR AUT	THORIZED	COMMITTE	FS			
		(Incl	uding Joint F	_	g Representativ					
	hereby authorize the following namenticates.	·		undraisin	g Representativ	es)		d funds	on beh	alf of my
C	•	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
	candidacy.	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beh	alf of my
	candidacy.	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
(	candidacy.  NOTE: This designation should be f  a) Name of Committee (in full)	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
(	candidacy.	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
(	candidacy.  NOTE: This designation should be f  a) Name of Committee (in full)	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beh	alf of my
(	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street)	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
(	candidacy.  NOTE: This designation should be f  a) Name of Committee (in full)	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beha	alf of my
(	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street)	ned committee, wh	nich is NOT n	Fundraising	g Representativ	es)		d funds	on beh	alf of my
(	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street)	ned committee, wh	pal campaigi	Fundraisin	g Representativ al campaign cor	es) nmittee, to receiv	e and expen			alf of my
(	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street) c) City, State, and ZIP Code	ned committee, wh	pal campaigi	Fundraisin	g Representativ al campaign cor	es) nmittee, to receiv	e and expen			alf of my
( Sign	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street) c) City, State, and ZIP Code  I certify that I have example of Candidate	ned committee, wh	pal campaigi	Fundraisin	g Representativ al campaign cor	es) nmittee, to receive	e and expen			alf of my
( Sign	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street) c) City, State, and ZIP Code	ned committee, wh	pal campaigi	Fundraisin	g Representativ al campaign cor	es) nmittee, to receiv	e and expen			alf of my
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( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	candidacy.  NOTE: This designation should be f a) Name of Committee (in full) b) Address (number and street) c) City, State, and ZIP Code  I certify that I have example of Candidate	ned committee, wheled with the princi	pal campaigi	Fundraising my principal normalities of the best of th	g Representativ al campaign cor ee.	es) nmittee, to receive and belief it is true Date 02/13/2024	e and expen	d comple	ete.	
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FEC FORM 2 (REV. 02/2009)