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## FEC FORM 2

## STATEMENT OF CANDIDACY

							=
1.	(a) Name of Candidate (in full)						
	Walker, Troy, Zakari, ,						
	(b) Address (number and street) 900 S Valley View Blvd Suite 195	☐ Chec	k if address o	changed		Candidate's FEC Identification Number     S4NV00320	
	(c) City, State, and ZIP Code					3. Is This New Amended	_
	Las Vegas		NV	89107	7	Statement X (N) OR (A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate	_
	DEMOCRATIC PARTY	Senate			NV	00	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s). (year of election)						
	NOTE: This designation should be f	iled with the appro	priate office I	isted in th	e instructions.		
	(a) Name of Committee (in full)						_
	Committee to Elect	Γroy Zakari ٔ	Walker				
	(b) Address (number and street)						_
	900 S Valley View Blvd						
	Suite 195						
	(c) City, State, and ZIP Code						
	Las Vegas				NV	89107	
	5-	0.00.47.00.	0			00111177770	
	DE			_	<b>HORIZED</b> g Representativ	COMMITTEES	
		(mor	ading conter	arrararonn	grioprocontativ	55)	
8.	I hereby authorize the following name candidacy.	ned committee, wh	ich is NOT m	y principa	al campaign cor	nmittee, to receive and expend funds on behalf of my	
	NOTE: This designation should be f	led with the princi	oal campaign	committe	ee.		
_	(a) Name of Committee (in full)						_
	(b) Address (number and street)						_
							_
	(c) City, State, and ZIP Code						_
	(c) City, State, and ZIP Code						_
	(c) City, State, and ZIP Code						_
		mined this Statem	ent and to the	e best of r	my knowledge a	and belief it is true, correct and complete.	_
Si	I certify that I have exa	mined this Statem	ent and to the	e best of r	my knowledge a	and belief it is true, correct and complete.  Date	_ 
	I certify that I have exa	mined this Statem	ent and to the	e best of r	ny knowledge a	Date	_ 
	I certify that I have exa	mined this Statem	ent and to the	e best of I	ny knowledge a		_ 
	I certify that I have exa	mined this Statem	ent and to the	e best of r	ny knowledge a	Date	_ _ _
и —	I certify that I have exa gnature of Candidate Valker, Troy, Zakari, ,					Date	_ _ _
и —	I certify that I have exa gnature of Candidate Valker, Troy, Zakari, ,					<b>Date</b> 08/12/2023	
и 	I certify that I have exa gnature of Candidate Valker, Troy, Zakari, ,					<b>Date</b> 08/12/2023	

FEC FORM 2 (REV. 02/2009)