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## FEC FORM 2

## STATEMENT OF CANDIDACY

								_	_		
1.	(a) Name of Candidate (in full) HICKMAN, GWENDOLYN, M.										
	(b) Address (number and street)					Candidate's FEC Identification Number     S4VA00254					
	(c) City, State, and ZIP Code					3. Is This	New	1		Amended	
	ALEXANDRIA					Statement	<b>x</b> (N)	OR	Ш	(A)	
4.	Party Affiliation	5. Office Soug				rict of Candidate					
	REPUBLICAN PARTY	Senate			VA	00					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) HICKMAN FOR VIRGINIA											
	(b) Address (number and street) PO BOX 26141										
	(c) City, State, and ZIP Code										
	ALEXANDRIA				VA	22313					
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)											
	(c) City, State, and ZIP Code										
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										
H	ICKMAN, GWENDOLYN, M., ,			[Elec	tronically Filed]	02/06/2023					
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)