

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

FILED 24RCVD

1. (a) Name of Candidate (in full) <i>He'Chie Koton Watts</i>		
(b) Address (number and street) <i>3298 Fort Lincoln DR NE #704</i>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <i>Washington D</i>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation <i>12101 party</i>	5. Office Sought <i>House</i>	6. State & District of Candidate <i>DC-00</i>

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

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 filed with the appropriate office listed in the instructions. *He'Chie Watts For Congress*

(a) Name of Committee (in full)
<i>3298 Ft Lincoln DR NE #704</i>
(b) Address (number and street)
<i>Washington DC 20018</i>
(c) City, State, and ZIP Code

**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 	Date <i>08/01/2024</i>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(Including Joint Fundraising Representatives)

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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.

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(b) Address (number and street)

(c) City, State, and ZIP Code

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Federal Election Commission  
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<input type="checkbox"/> Overnight Delivery Service (Specify):	<table style="width:100%;"> <tr> <td style="width:50%;">Shipping Date</td> <td style="width:50%;">Date of Receipt</td> </tr> <tr> <td colspan="2" style="text-align: right;">                             Next Business Day Delivery <input type="checkbox"/> </td> </tr> </table>	Shipping Date	Date of Receipt	Next Business Day Delivery <input type="checkbox"/>	
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Next Business Day Delivery <input type="checkbox"/>					
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked				
WBD PREPARER	<i>8/1/24</i> DATE PREPARED				

(4/2023)

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