

# FEC FORM 2

## STATEMENT OF CANDIDACY

100-24RCJD

1. (a) Name of Candidate (in full) <i>Hilchie Kator Watts</i>		2. FEC Candidate Identification Number	
(b) Address (number and street) <i>3298 Fort Lincoln DR NE #202</i>		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code <i>Washington D</i>		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.  
*Hilchie Watts For Congress*

(a) Name of Committee (in full)

*3298 Ft Lincoln DR NE #704*

(b) Address (number and street)

*Washington DC 20018*

(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

*08/01/2024*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

--	--	--	--	--	--	--	--	--

**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

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

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

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

# Hand Delivered

## Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt	8/1/24
Public Records		
<input type="checkbox"/> USPS First Class Mail	Date of Receipt	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
Next Business Day Delivery. <input type="checkbox"/>		
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
WBD	8/1/24	
PREPARER	DATE PREPARED	

(4/2023)