

Image# 202302089578196085

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |  |                           |  |   |  |
|---|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Wittman, Robert, J., Mr., |  |                           | 2. Candidate's FEC Identification Number<br>H8VA01147  |   |  |
| (b) Address (number and street)<br>PO Box 6                     |  |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>Montross VA 22520              |  |                           | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY                        |  | 5. Office Sought<br>House |  | 6. State & District of Candidate<br>VA 01 |  |

### 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.

|   |  |  |
|---|--|--|
| (a) Name of Committee (in full)<br>ROB WITTMAN FOR CONGRESS |  |  |
| (b) Address (number and street)<br>PO BOX 427               |  |  |
| (c) City, State, and ZIP Code<br>ALEXANDRIA VA 22313-0427   |  |  |

### 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)<br>WITTMAN VICTORY COMMITTEE |  |  |
| (b) Address (number and street)<br>PO BOX 26141              |  |  |
| (c) City, State, and ZIP Code<br>ALEXANDRIA VA 22313-6141    |  |  |

*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<br>Wittman, Robert, J., ,<br><br>[Electronically Filed] | Date<br>02/08/2023 |
|--|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

WITTMAN VICTORY COMMITTEE

(b) Address (number and street)

PO BOX 26141

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22313

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