Image# 202412109739857103 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. (   | a) Name of Candidate (in full)   |                  |              |             |                   |   |                        |             |  |
|--|--|------------------|--------------|-------------|-------------------|---|------------------------|-------------|--|
|  | Evans, Dwight, , ,   |                  |              |             |                   |   |                        |             |  |
| (  | o) Address (number and street)   |                  |              |             |                   | Candidate's FEC Identification Number     H6PA02171 |                        |             |  |
| (  | c) City, State, and ZIP Code   |                  |              |             |                   |   |                        | mended      |  |
|  | Philadelphia   |                  | PA           | 1913        | 38                | Statement X (I                                      | N) OR (                | A)          |  |
|  | Party Affiliation  | 5. Office Sough  | t            |             |                   | rict of Candidate                                   |                        |             |  |
|  | DEMOCRATIC PARTY   | House            |              |             | PA                | 03  |                        |             |  |
|  | DE   | SIGNATION        | OF PR        | INCIPAL     | CAMPAIG           | N COMMITTEE   |                        |             |  |
| 7. I   | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                  |              |             |                   |   |                        |             |  |
|  | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                  |              |             |                   |   |                        |             |  |
| (  | a) Name of Committee (in full)   |                  |              |             |                   |   |                        |             |  |
|  | Dwight Evans for Co  | ongress          |              |             |                   |   |                        |             |  |
| (  | b) Address (number and street)   |                  |              |             |                   |   |                        |             |  |
|  | PO BOX 6578  |                  |              |             |                   |   |                        |             |  |
| (  | c) City, State, and ZIP Code   |                  |              |             |                   |   |                        |             |  |
|  | PHILADELPHIA   |                  |              |             | PA                | 19138   |                        |             |  |
| (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 eya  | mined this State | ment and to  | the hest of | mv knowledge a    | and belief it is true, correc                       | t and complete         |             |  |
| C!-  |  | od tino otate    | om and to    | 2001 01     | , momoage e       | 1   | and complete.          |             |  |
| Signature of Candidate   |  |                  |              |             |                   | Date  |                        |             |  |
| Evans, Dwight, , ,   |  |                  |              |             |                   | 12/06/2024  |                        |             |  |
|  |  |                  |              |             |                   |   |                        |             |  |
| NOT  | <b>FE:</b> Submission of false, erroneous,   | or incomplete in | nformation m | nay subject | the person signir | ng this Statement to pena                           | Ities of 2 U.S.C. §437 | <b>7</b> g. |  |
| NOT  | FE: Submission of false, erroneous,  | or incomplete in | nformation m | nay subject | the person signir | ng this Statement to pena                           | Ities of 2 U.S.C. §437 | <b>7</b> g. |  |

FEC FORM 2 (REV. 02/2009)