

Image# 202108059465838243

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Williams, Darrell, L., Dr.,		2. Candidate's FEC Identification Number S2WI00466
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3129 North 50th Street		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Milwaukee WI 53216		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate WI 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) WILLIAMS WORKS FOR WISCONSIN	
(b) Address (number and street) 5521 WEST CENTER STREET #100936	
(c) City, State, and ZIP Code MILWAUKEE WI 53210	

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 Williams, Darrell, L., Dr., <i>[Electronically Filed]</i>	Date 08/05/2021
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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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