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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	WESTERMAN, BRUCE, , , (b) Address (number and street)	□ Che	eck if addres	ss changed		2. Candidate's F	FC Identific	ation Numbe	
	P.O. BOX 21097					H4AR04048			
	(c) City, State, and ZIP Code		۸۵	7100	4	3. Is This	New	or X	Amended
1	HOT SPRINGS Party Affiliation	5. Office Sough	AR	7190		Statement trict of Candidate	(N)	OR A	(A)
٦.	REPUBLICAN PARTY	House	·		AR	04			
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIG	N COMMITTE	E		
7.	I hereby designate the following nar	ned political com	ımittee as m	y Principal	Campaign Com		r of election)	election(s).	
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	WESTERMAN FOR	CONGRE	SS 						
	(b) Address (number and street)								
	PO BOX 21097								
	(c) City, State, and ZIP Code								
	HOT SPRINGS				AR	71903			
8.	I hereby authorize the following name candidacy.	(In	cluding Join	t Fundraisir	g Representativ	,		I funds on be	half of my
	NOTE: This designation should be f	iled with the princ	cipal campa	ign committ	ee.				
	(a) Name of Committee (in full)								
	SAM GRAVES LEA	DERSHIP	FUND						
	(b) Address (number and street) 2345 GRAND, 18TH FLOOR								
	(c) City, State, and ZIP Code								
	KANSAS CITY				MO	64108			
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is true,	correct and	complete.	
Si	gnature of Candidate					Date			
W	VESTERMAN, BRUCE, , ,					11/15/2024			
NC	OTE: Submission of false, erroneous,	or incomplete in	formation m	nay subject t	he person signi	ng this Statement t	to penalties o	of 2 U.S.C. §4	137g.
NC	OTE: Submission of false, erroneous,	or incomplete in	formation m	nay subject t	he person signi	ng this Statement t	to penalties o	of 2 U.S.C. §4	137g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	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)								
	WESTERMAN VICTORY FUND								
	(b) Address (number and street) 824 S Milledge Ave Ste 101								
	(c) City, State, and ZIP Code								
	Athens GA 30605								
₿.	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)								
	TRANSPORTATION TRUST FUND								
	(b) Address (number and street) 502 6TH STREET								
	(c) City, State, and ZIP Code								
	HUDSON WI 54016								
3.	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								
3.	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								