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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Williams, Celeste, Sarene, ,		2. Candidate's FEC Identification Number H0AR03105
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. 5625		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Bella Vista AR 72714		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate AR 03

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) CAMPAIGN TO ELECT CELESTE WILLIAMS		
(b) Address (number and street) PO BOX 5625		
(c) City, State, and ZIP Code BELLA VISTA AR 72714		

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, Celeste, Sarene, , <i>[Electronically Filed]</i>	Date 08/07/2019
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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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