

Image# 202009099267124264

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Timmons-Goodson, Patricia, , ,			2. Candidate's FEC Identification Number H0NC08254	
(b) Address (number and street) PO Box 87856			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Fayetteville NC 28304			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NC 08		

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) PATRICIA TIMMONS-GOODSON FOR CONGRESS		
(b) Address (number and street) PO BOX 87856		
(c) City, State, and ZIP Code FAYETTEVILLE NC 28304		

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) SWING NC		
(b) Address (number and street) 918 PENNSYLVANIA AVE SE		
(c) City, State, and ZIP Code WASHINGTON DC 20003		

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 Timmons-Goodson, Patricia, , , [Electronically Filed]	Date 09/09/2020
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 3

FEC Form 2S (Revised 02/2017)

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)

LONG LEAF PINE WOMEN'S PAC

(b) Address (number and street)

514 DANIELS STREET
NUM 286

(c) City, State, and ZIP Code

RALEIGH

NC

27605

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)

TIMMONS-GOODSON VICTORY FUND

(b) Address (number and street)

514 DANIELS ST
#286

(c) City, State, and ZIP Code

RALEIGH

NC

27605

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)

REPRESENTATION MATTERS II

(b) Address (number and street)

910 17TH ST NW STE 925

(c) City, State, and ZIP Code

WASHINGTON

DC

20006

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(a) Name of Committee (in full)

LONG LEAF PINE WOMEN'S PAC

(b) Address (number and street)

514 DANIELS STREET
NUM 286

(c) City, State, and ZIP Code

RALEIGH

NC

27605

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 3 of 3

FEC Form 2S (Revised 02/2017)

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)

TIMMONS-GOODSON VICTORY FUND

(b) Address (number and street)

514 DANIELS ST
#286

(c) City, State, and ZIP Code

RALEIGH

NC

27605

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)

REPRESENTATION MATTERS II

(b) Address (number and street)

910 17TH ST NW STE 925

(c) City, State, and ZIP Code

WASHINGTON

DC

20006

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)

CBCPAC-NEWDEM FUND FOR THE MAJORITY

(b) Address (number and street)

910 17TH ST NW STE 925

(c) City, State, and ZIP Code

WASHINGTON

DC

20006

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code