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FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)									
	thworth-Beckwith, Maxim									
(b) Address (number and street) ☐ Check if address changed PO Box 141						Candidate's FEC Identification Number H2NC07153				
(c) City,	State, and ZIP Code					3. Is This	Nev	/		Amended
Cur	rrie		NC	2843	5	Statem	nent (N)	OR	×	(A)
4. Party Aff	filiation	5. Office Sough	nt		6. State & Dist	trict of Candic	date			
REPUE	BLICAN PARTY	House			NC	03				
	Di	ESIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMI	TTEE			
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
NOTE: 7	This designation should be	filed with the app	propriate office	ce listed in t	he instructions.					
(a) Nam	e of Committee (in full)									
Ma	ax Beckwith for C	ongress								
	ess (number and street) Box 141									
(c) City,	State, and ZIP Code									
Cu	ırrie				NC	28435	;			
	DI	SIGNATION	N OF OTI		TUODIZED	COMMIT	TEEC			
	Di				g Representativ		IEES			
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my										
8. I hereby candidad	•	med committee,	which is NO	Γ my princip	al campaign cor	nmittee, to re	ceive and expe	end funds o	on beh	alf of my
NOTE: 7	This designation should be	filed with the prir	ncipal campa	ign committ	ee.					
(a) Nam	e of Committee (in full)									
(b) Addr	ess (number and street)									
(c) City	State, and ZIP Code									
(0) 0.13,	Julio, a.i.a <u></u> Julio									
	I certify that I have ex	amined this State	ement and to	the best of	mv knowledae a	and belief it is	true, correct a	nd comple	te.	
0:	<u> </u>									
Signature of Candidate					Date					
Southworth-Beckwith, Maximillian, , , [Electron				tronically Filed]	12/06/202	21				
			~f~~~~+!~~ ~							
NOTE: Sub	mission of false, erroneous	s, or incomplete in	niormation n	nay subject	the person signir	ng this Staten	nent to penaltie	es of 2 U.S.	.C. §43	37g.
NOTE: Sub	omission of false, erroneous	s, or incomplete in	niormation if	nay subject	the person signing	ng this Staten	nent to penaltie	es of 2 U.S.	.C. §43	37g.
NOTE: Sub	omission of false, erroneous	s, or incomplete i	niormation m	nay subject	the person signii	ng this Staten	nent to penaltic	es of 2 U.S.	.C. §43	37g.

FEC FORM 2 (REV. 02/2009)