Image# 201804159108234292 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| | ne of Candidate (in full) | | | | | | | | | |
|--|---|-------------------------|---------------|----------|------------------------------------|---|---------------|-----------|---------|--|
| | aldson, Scott, , , | | | | | 100 " | | (10) | | |
| | (b) Address (number and street) ☐ Check if address change 1216 6th Ave West | | | | | Candidate's FEC Identification Number H8NC11160 | | | | |
| (c) City, | State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| Hei | ndersonville | | NC | 28739 | | Staten | nent X (N |) OR | (A) | |
| 4. Party Af | filiation | 5. Office Sought | | (| State & Dist | | date | | | |
| DEMO | CRATIC PARTY | House | | | NC | 11 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name of Committee (in full) COMMITTEE TO ELECT SCOTT DONALDSON FOR CONGRESS | | | | | | | | | | |
| ` ' | ress (number and street) 16 6TH AVE WEST | | | | | | | | | |
| (c) City, | State, and ZIP Code | | | | | | | | | |
| HF | ENDERSONVILLE | | | | NC | 28739 |) | | | |
| | | | | | - | | | | | |
| 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) | | | | | | | | | | |
| | | | | | | | | | | |
| (1) A 11 | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | |
| | | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | | |
| . , , , , , , , , , , , , , , , , , , , | | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | nmined this Statement a | and to the be | est of m | y knowledge a | and belief it is | true, correct | and compl | ete. | |
| Signature of Candidate Date | | | | | | | | | | |
| Donaldson, Scott | | | | | 04/15/20 | 18 | | | | |
| | | | | [Electro | onically Filed] | 04/10/20 | 10 | | | |
| | | | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | | | | | | | |
| | | | | - 1 | | | | | | |

FEC FORM 2 (REV. 02/2009)