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## FEC FORM 2

## STATEMENT OF CANDIDACY

| (a) Name of Candidate (in full)   |                        |                        |                |                  |  |                       |            |         |           |  |
|---|------------------------|------------------------|----------------|------------------|--|-----------------------|------------|---------|-----------|--|
| Summerville, William, M., ,   |                        |                        |                |                  |  |                       |            |         |           |  |
| (b) Address (number and street) ☐ Check if address changed 4170 Elm Avenue  |                        |                        |                |                  | 2. Candidate's FEC Identification Number H2CA42221 |                       |            |         |           |  |
| (c) City, State, and ZIP Code   |                        |                        |                |                  |  | s Ne                  | ew         | - /     | Amended   |  |
| Long Beach CA 90807   |                        |                        |                |                  |  | nent 🗶 (N             | ) OR       | (       | (A)       |  |
| 4. Party Affiliation  | 5. Office Sought       |                        |                | 6. State & Dis   | trict of Candi                                     | date                  |            |         |           |  |
| Dem   | House                  |                        |                | CA               | 42   |                       |            |         |           |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                        |                        |                |                  |  |                       |            |         |           |  |
| 7. I hereby designate the following n   | amed political comm    | ittee as my            | / Principal (  | Campaign Com     | mittee for the                                     | 2022<br>(year of elec | election)  | on(s).  |           |  |
| NOTE: This designation should be  | filed with the appro   | priate offic           | e listed in th | ne instructions. |  |                       |            |         |           |  |
| (a) Name of Committee (in full)   |                        |                        |                |                  |  |                       |            |         |           |  |
| COMMITTEE TO E  | ELECT WILLI            | AM M                   | SUMMI          | ERVILLE          | TO CON   | IGRESS                |            |         |           |  |
| (b) Address (number and street)<br>728 W. EDNA PLACE  |                        |                        |                |                  |  |                       |            |         |           |  |
| (c) City, State, and ZIP Code   |                        |                        |                |                  |  |                       |            |         |           |  |
| COVINA  |                        |                        |                |                  | 91722  |                       |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)  |                        |                        |                |                  |  |                       |            |         |           |  |
| 8. I hereby authorize the following na candidacy.   | med committee, wh      | ich is NOT             | my principa    | al campaign co   | mmittee, to re                                     | eceive and exp        | oend funds | on beha | llf of my |  |
| NOTE: This designation should be  | filed with the princip | oal campai             | gn committe    | ee.              |  |                       |            |         |           |  |
| (a) Name of Committee (in full)   |                        |                        |                |                  |  |                       |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |
| (b) Address (number and street)   |                        |                        |                |                  |  |                       |            |         |           |  |
| (b) riddioso (ildinsor dild oliosi)   |                        |                        |                |                  |  |                       |            |         |           |  |
| (c) City, State, and ZIP Code   |                        |                        |                |                  |  |                       |            |         |           |  |
| (b) Oity, Otato, and Zii Oodo   |                        |                        |                |                  |  |                       |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |
| I certify that I have e.  | camined this Stateme   | ent and to             | the best of i  | my knowledge a   | and belief it is                                   | s true, correct       | and comple | ete.    |           |  |
| Signature of Candidate  | Date                   |                        |                |                  |  |                       |            |         |           |  |
| Summerville, William, M., ,   |                        | [Electronically Filed] |                |                  |  | 01/28/2022            |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |                        |                        |                |                  |  |                       |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |
|   |                        |                        |                |                  |  |                       |            |         |           |  |

FEC FORM 2 (REV. 02/2009)