

Image# 202110269468351312

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Williams, Skylar, , ,		2. Candidate's FEC Identification Number H2MT02118
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. Box 31301		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Billings MT 59107		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MT 02

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) SKYLARFORUSCONGRESS	
(b) Address (number and street) P.O. BOX 31301	
(c) City, State, and ZIP Code BILLINGS MT 59107	

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, Skylar, , , <i>[Electronically Filed]</i>	Date 10/26/2021
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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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