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FEC FORM 2

STATEMENT OF CANDIDACY

| = | | | | | | | = | |
|---|--|---------------|---------------|--------------|-----------------|--|---|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | |
| | Norton, Mike, , , | | | | | O Condidatela FFO Idantification Number | _ | |
| | o) Address (number and street) | | | | | Candidate's FEC Identification Number S4AZ00287 | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amended | | |
| | Scottsdale | | AZ | 8525 | 9 | Statement X (N) OR (A) | | |
| 4. | Party Affiliation | 5. Office Sou | ght | | 6. State & Dis | trict of Candidate | | |
| | GREEN PARTY | Senate |) | | AZ | 00 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| Mike Norton for Arizona | | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | 9663 N 117th St. | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | _ | |
| | Scottsdale | | | | AZ | 85259 | | |
| | | | | | | | _ | |
| | DE | SIGNATIO | N OF OT | HER AU | THORIZED | COMMITTEES | | |
| | | | | _ | g Representativ | | | |
| | | | | | | | | |
| 8. | I hereby authorize the following nar candidacy. | ned committee | , which is NO | T my princip | al campaign cor | mmittee, to receive and expend funds on behalf of my | | |
| | NOTE: This designation should be filed with the principal campaign committee. | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| | (1) | | | | | | | |
| | | | | | | | | |
| | (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 | | | | | Date | | | |
| Norton, Mike, , , | | | | | 03/19/2024 | | | |
| | , , , , , , | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)