

Image# 201707319069923466

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ross, Heather, Maura, ,			2. Candidate's FEC Identification Number H8AZ06095	
(b) Address (number and street) 5436 E. Cheryl Dr.		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Paradise Valley AZ 85253		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate AZ 06		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) HEATHER ROSS FOR CONGRESS		
(b) Address (number and street) P.O. BOX 2135		
(c) City, State, and ZIP Code SCOTTSDALE AZ 85252		

### 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 Ross, Heather, Maura, ,  <i>[Electronically Filed]</i>	Date 07/31/2017
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--