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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Stephenson, Scott, , ,					0 Condidate !- 550 ! !	mailionati All	una la a u	
	(b) Address (number and street) PO Box 430	☐ Check if address changed			Candidate's FEC Identification Number H2WA08216				
	(c) City, State, and ZIP Code						lew	Amended	
	Fall City		WA	9802		`	N) OR	(A)	
4.	Party Affiliation	5. Office Sough			6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House			VVA	08			
	DE	SIGNATION	OF PRI	INCIPAL	CAMPAIGN	N COMMITTEE			
7.	Thereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full) SCOTT FOR CONGRESS								
	(b) Address (number and street) PO BOX 430								
	(c) City, State, and ZIP Code								
	FALL CITY				WA	98024			
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 f	iled with the princ	cipal campa	ign commit	ee.				
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
		mined this State	ment and to	the best of	my knowledge a	and belief it is true, correct	t and comple	te.	
	gnature of Candidate					Date			
St	ephenson, Scott, , ,	[Electronically Filed]				03/22/2022			
N	OTE: Submission of false, erroneous	, or incomplete in	formation m	nay subject	the person signir	ng this Statement to pena	lties of 2 U.S	.C. §437g.	
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FEC FORM 2 (REV. 02/2009)