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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.   | (a) Name of Candidate (in full)   |                 |               |              |                              |   |           |  |
|--|---|-----------------|---------------|--------------|------------------------------|---|-----------|--|
| _  | Williamson, W, John, ,  |                 |               |              |                              |   |           |  |
|  | (b) Address (number and street)<br>2929 N 70th St<br>Apt 2044   | □С              | heck if addre | ss changed   |                              | Candidate's FEC Identification Number     H2AZ06254 |           |  |
|  | (c) City, State, and ZIP Code   |                 |               |              |                              | 3. Is This New                                      | Amended   |  |
|  | Scottsdale  |                 | AZ            | 8525         | 1                            | Statement (N) OR                                    | (A)       |  |
| 4.   | Party Affiliation   | 5. Office Soug  | ht            |              | 6. State & Dist              | rict of Candidate                                   |           |  |
|  | Dem   | House           |               |              | AZ                           | 01  |           |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |   |                 |               |              |                              |   |           |  |
| 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) WILLIAMSON FOR U.S. CONGRESS  |                 |               |              |                              |   |           |  |
|  | (b) Address (number and street)<br>7349 N Via Paseo Del Sur   |                 |               |              |                              |   |           |  |
|  | #515-222  |                 |               |              |                              |   |           |  |
|  | (c) City, State, and ZIP Code   |                 |               |              |                              |   |           |  |
|  | Scottsdale  |                 |               |              | AZ                           | 85258   |           |  |
| _  |   |                 |               |              |                              |   |           |  |
|  | DE  | SIGNATIO        | N OF OT       | MED VII.     | THODIZED                     | COMMITTEES  |           |  |
| 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 |   |                 |               |              |                              |   |           |  |
| ö.   | candidacy.  | ied committee,  | which is NO   | r my princip | ai campaign cor              | imilitiee, to receive and expend lunds on ber       | all of my |  |
| NOTE: This designation should be filed with the principal campaign committee.  |   |                 |               |              |                              |   |           |  |
|  | (a) Name of Committee (in full)   |                 |               |              |                              |   |           |  |
|  |   |                 |               |              |                              |   |           |  |
|  |   |                 |               |              |                              |   |           |  |
|  | (b) Address (number and street)   |                 |               |              |                              |   |           |  |
|  |   |                 |               |              |                              |   |           |  |
|  | (a) City State and ZID Code   |                 |               |              |                              |   |           |  |
|  | (c) City, State, and ZIP Code   |                 |               |              |                              |   |           |  |
|  |   |                 |               |              |                              |   |           |  |
| _  |   |                 |               |              |                              |   |           |  |
|  | I certify that I have exa   | mined this Stat | ement and to  | the best of  | my knowledge a               | nd belief it is true, correct and complete.         |           |  |
| Si   | gnature of Candidate  |                 |               |              |                              | Date  |           |  |
| Williamson, W, John, ,   |   |                 |               |              | 05/15/2023                   |   |           |  |
|  | uuamson, w, Jonn, ,   |                 |               |              |                              |   |           |  |
|  | unamson, w, Jonn, ,   |                 |               | [Elect       | tronically Filed]            | 00/10/2020  |           |  |
|  | uuamson, w, Jonn, ,   |                 |               | [Elect       | ronically Filea <sub>]</sub> | 00/10/2020  |           |  |
| N  |   | or incomplete   | information n |              |                              | ng this Statement to penalties of 2 U.S.C. §4       | 37g.      |  |
| NO   |   | or incomplete   | information n |              |                              |   | 37g.      |  |
| NO   |   | or incomplete   | information n |              |                              |   | 37g.      |  |

FEC FORM 2 (REV. 02/2009)