FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

1.	(a) Name of Candidate (in full)											
_	Manning, Kathy, , ,											
	(b) Address (number and street) PO Box 41197		heck if add	ress ch	anged		2. Candida H8NC	ate's FEC lo 13067	dentifica	ation Nu	umber	
	(c) City, State, and ZIP Code						3. Is Thi	S	New			Amended
	Greensboro		١	١C	27404	1	Stater	ment	(N)	OR	×	(A)
4.	Party Affiliation	5. Office Soug	jht			6. State & Dist	rict of Candi	date				
	DEMOCRATIC PARTY	House				NC	06					
	DE	SIGNATIO	N OF P	RINC	IPAL	CAMPAIGN		ITTEE				
7.	I hereby designate the following nar	ned political co	mmittee as	my Pri	ncipal C	Campaign Comn	nittee for the	e <u>2022</u> (year of el	lection)	electio	n(s).	
	NOTE: This designation should be f	iled with the ap	opropriate o	ffice list	ted in th	e instructions.						
	(a) Name of Committee (in full) Kathy Manning for C	Congress										
	(b) Address (number and street) PO Box 41197											
	(c) City, State, and ZIP Code											
	Greensboro					NC	2740	4				
8.	 (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) SWING NC											
	(b) Address (number and street) 918 PENNSYLVANIA AVE SE											
	(c) City, State, and ZIP Code											
	WASHINGTON					DC	20003	3				
	I certify that I have exa	mined this Sta	tement and	to the l	pest of r	ny knowledge a	nd belief it is	s true, corre	ect and	comple	te.	
Si	ignature of Candidate						Date					
M	lanning, Kathy, , ,				[Elect	ronically Filed]	09/29/20)22				
N	OTE: Submission of false, erroneous	or incomplete	information	may s	ubject th	ne person signir	ng this State	ment to per	nalties c	of 2 U.S	.C. §43	37g.

FEC FORM 2 (REV. 02/2009)

Image# 202209299532007522

FEC Form 2S (Revised 02/2017)

(c) City, State, and ZIP Code WASHINGTON Optional Supplemental Page for Designation of Additional Authorized 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 candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

	(a) Name of Committee (in full)						
	NEWDEM ACTION FUND FOR TH	HE FUTURE					
	(b) Address (number and street)						
	910 17TH ST NW STE 925						
	(c) City, State, and ZIP Code						
	WASHINGTON	DC	20006				
3.	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)						
	DEMOCRACY DEFENDERS						
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180						

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.

DC

20003

(a) Name of Committee (in full)						
MANNING VICTORY FUND 2022						
(b) Address (number and street) 122 C ST NW						
SUITE 360						
(c) City, State, and ZIP Code						
WASHINGTON	DC	20001				
WADININGTON		20001				

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) STAND UP FOR DEMOCRACY JFA		
(b) Address (number and street) PO BOX 5418		
(c) City, State, and ZIP Code TAKOMA PARK	MD	20913
-		

Image# 202209299532007523

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized 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 candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)			
ELECT DEMOCRATIC WOMEN 2022			
(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180			
(c) City, State, and ZIP Code WASHINGTON	DC	20003	
WASHINGTON	DC	20003	

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.

(b) Address (number and street)		
(c) City, State, and ZIP Code		

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)
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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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