## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

1.	(a) Name of Candidate (in full)					
	King, Esther, Joy, ,					
	(b) Address (number and street) 801 Bend Blvd Apt 313	Check if	address	changed		2. Candidate's FEC Identification Number H0IL17083
	(c) City, State, and ZIP Code					3. Is This New Amended
	East Moline		IL	6124	4	Statement (N) OR X (A)
4.	Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate
	REPUBLICAN PARTY	House			IL	17
	DE	SIGNATION OF	PRIN	CIPAL	CAMPAIGN	
7.	I hereby designate the following nar	ned political committee	e as my F	Principal (	Campaign Comm	hittee for the 2022 election(s). (year of election)
	NOTE: This designation should be f	iled with the appropria	te office	listed in t	he instructions.	
	(a) Name of Committee (in full)					
	Esther for Congress					
	(b) Address (number and street) 2821 10th Street					
	(c) City, State, and ZIP Code					
	East Moline				IL	61244
8.	I hereby authorize the following nan candidacy. <b>NOTE:</b> This designation should be f					mittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full) TAKE BACK THE H	OUSE 2022				
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA				MD	20824
	I certify that I have exa	mined this Statement	and to th	e best of	my knowledge a	nd belief it is true, correct and complete.
Si	gnature of Candidate					Date ·
K	ing, Esther, Joy, ,			[Elect	tronically Filed]	08/04/2022
N	OTE: Submission of false, erroneous	or incomplete informa	ation may	subject t	he person signin	g this Statement to penalties of 2 U.S.C. §437g.
1						

FEC FORM 2 (REV. 02/2009)

Image# 202208049525120525

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)				
ESTHER JOY KING VICTORY FUND				
(b) Address (number and street) 824 S MILLEDGE AVE SUITE 101				
(c) City, State, and ZIP Code ATHENS	GA	30605		

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)				
WINNING WOMEN VICTORY COMMITTEE 2022				
(b) Address (number and street) 228 S. WASHINGTON ST.				
STE. 115				
(c) City, State, and ZIP Code				
ALEXANDRIA	VA	22314		

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)				
FRIENDS OF GOP WINNING WOMEN 2022				
(b) Address (number and street) 228 S. WASHINGTON ST.				
STE. 115				
(c) City, State, and ZIP Code				
ALEXANDRIA	VA	22314		

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)			
TEAM VALOR			
(b) Address (number and street)			
(b) Address (number and street) 824 S MILLEDGE AVE STE 101			
(c) City, State, and ZIP Code			
ATHENS	GA	30605	

Image# 202208049525120526

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)				
IRON LADIES PAC				
(b) Address (number and street) PO BOX 341027				
(c) City, State, and ZIP Code				
AUSTIN	ТХ	78734		

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)				
ILLINOIS VICTORY FUND 2022				
(b) Address (number and street) 824 S MILLEDGE AVE.				
STE 101				
(c) City, State, and ZIP Code				
ATHENS	GA	30605		

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)				
TAKE BACK IL-17 REPUBLICAN NOMINEE FUND 2022				
(b) Address (number and street) PO BOX 30844				
(c) City, State, and ZIP Code				
BETHESDA	MD	20824		

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