

Image# 201611239037232535

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MCSALLY, MARTHA, , ,			2. Candidate's FEC Identification Number H2AZ08102	
(b) Address (number and street) PO BOX 19128		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code TUCSON AZ 85731		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Rep	5. Office Sought House	6. State & District of Candidate AZ 02		

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) MCSALLY FOR CONGRESS		
(b) Address (number and street) PO BOX 19128		
(c) City, State, and ZIP Code TUCSON AZ 85731		

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) FRIENDS OF WINNING WOMEN 2016		
(b) Address (number and street) 228 S. WASHINGTON ST. STE. 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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 MCSALLY, MARTHA, , , <i>[Electronically Filed]</i>	Date 11/21/2016
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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)

REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)

(b) Address (number and street)

PO BOX 2485

(c) City, State and ZIP Code

SPRINGFIELD

VA

22152

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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 2016

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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)

PATRIOT DAY I 2015

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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)

THE MCSALLY VICTORY FUND

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State and ZIP Code

ATHENS

GA

30605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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

(b) Address (number and street)

228 S WASHINGTON ST.
STE. 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

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