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FEC FORM 2

STATEMENT OF CANDIDACY

	e of Candidate (in full)							
	b, Bryant, Cameron, Dr	•						
	ess (number and street) Box 679		Check if addre	ss changed		Candidate's FEC Identification Number H0VA05145		
(c) City,	State, and ZIP Code					3. Is This	lew	Amended
	rlottesville		VA	2290	2	Statement (N) OR	(A)
4. Party Aff	iliation	5. Office Sou	ght		6. State & Dist	trict of Candidate		
DEMO	CRATIC PARTY	House			VA	05		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
NOTE: T	his designation should b	e filed with the ap	opropriate offi	ce listed in t	ne instructions.			
(a) Name of Committee (in full) Dr. Cameron Webb for Congress								
	ess (number and street) Box 679							
(c) City,	State, and ZIP Code							
	arlottesville				VA	22902		
0	anottooviiio							
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: T	his designation should b	e filed with the pr	incipal campa	aign committ	ee.			
(a) Name	e of Committee (in full)							
Se	erve America Vid	tory Fund						
` '	ess (number and street)) E Gary Way							
(c) City,	State, and ZIP Code							
Pho	penix				AZ	85042		
	I certify that I have e	xamined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correc	et and complete.	
Signature of Candidate						Date		
Webb, Brya	nt, Cameron, Dr.,			[Elec	tronically Filed]	10/11/2020		
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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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 be candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Nadler Victory Fund						
	(b) Address (number and street) 200 West 79th Street, #8N						
	(c) City, State, and ZIP Code						
	New York NY 10024						
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) Webb Victory Fund						
	(b) Address (number and street) PO Box 679						
	(c) City, State, and ZIP Code						
	Charlottesville VA 22902						
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						
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						