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FEC FORM 2

STATEMENT OF CANDIDACY

| = | | | | | | | | | | | |
|--------------------------|---|----------------|-------------------|----------------|---|------------------|------------------|------------------------|----------|--------|--------------|
| 1. | (a) Name of Candidate | , | | | | | | | | | |
| | Schweikert, David | | | | | | 1 | | | | |
| | (b) Address (number a 8175 E Evans Rd #13176 | | | | Candidate's FEC Identification Number H4AZ06045 | | | | | | |
| | (c) City, State, and ZIP | Code | | | | | 3. Is This | | | | Amended |
| | Scottsdale | | | AZ | 8526 | 7 | Stater | nent (N) |) OR | | X (A) |
| 4. | Party Affiliation | | 5. Office Soug | ght | | 6. State & Dis | | date | | | |
| | REPUBLICAN PART | Υ | House | | | AZ | 01 | | | | |
| | | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIG | N COMM | ITTEE | | | |
| 7. | I hereby designate the | following nar | med political co | mmittee as m | y Principal (| Campaign Com | mittee for the | 2024 (year of elect | | tion(s |). |
| | NOTE: This designation | on should be f | filed with the ap | propriate offi | ce listed in th | ne instructions. | | | | | |
| | (a) Name of Committe | e (in full) | | | | | | | | | |
| | FRIENDS (| OF DAVII | D SCHWE | EIKERT | | | | | | | |
| | (b) Address (number a | nd street) | | | | | | | | | |
| | 8175 EAST EVA | NS ROAD | | | | | | | | | |
| | # 13176 | | | | | | | | | | |
| | (c) City, State, and ZIP | Code | | | | | | | | | |
| | SCOTTSDALE | | | | | AZ | 85267 | 7 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | DE | SIGNATIO | | | | | TEES | | | |
| | | | (| Including Join | t Fundraisin | g Representati | ves) | | | | |
| 8. | I hereby authorize the candidacy. | following nan | ned committee | , which is NO | Γ my principa | al campaign co | mmittee, to re | eceive and exp | end fund | s on | behalf of my |
| | darialadoy. | | | | | | | | | | |
| | NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | | |
| | (a) Name of Committe | ` , | | | | | | | | | |
| | SCHWEIK | | TORY CO | DMMITTI | ΞE | | | | | | |
| | (b) Address (number a | ind street) | | | | | | | | | |
| | PO Box 30844 | | | | | | | | | | |
| | (c) City, State, and ZIP | Code | | | | | | | | | |
| | Bethesda | | | | | MD | 20824 | -0844 | | | |
| | 200000 | | | | | 2 | | | | | |
| | I certify th | nat I have exa | nmined this Sta | tement and to | the best of | my knowledge | and belief it is | s true, correct a | and comp | olete. | |
| Signature of Candidate | | | Date | Date | | | | | | | |
| Schweikert, David, S., , | | | | 01/03/2024 | | | | | | | |
| bt | nweikeri, Davia, S., , | | | | | | 01/03/20 | 27 | | | |
| | | | | | | | | | | | |
| NC | 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

| Page | ² of | 3 |
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| 1 ago | O. | |

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) Schweikert-Lesko Victory Committee | | | | | | | |
| | | | | | | | | |
| | (b) Address (number and street) | | | - | | | | |
| | PO Box 30844 | | | | | | | |
| | (c) City, State, and ZIP Code | | | - | | | | |
| | Bethesda | MD | 20824-0844 | | | | | |
| | | | | • | | | | |
| 8. | | nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | |
| | (a) Name of Committee (in full) | a) Name of Committee (in full) | | | | | | |
| | FREEDOMWORKS VICTORY 2023 | | | | | | | |
| | (b) Address (number and street) PO BOX 26141 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | ALEXANDRIA | VA | 22313 | | | | | |
| 8. | | ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my indidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | |
| | SCALISE LEADERSHIP FUND 2024 | | | | | | | |
| | (b) Address (number and street) 320 1ST ST SE | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | WASHINGTON | DC | 20003 | | | | | |
| 8. | 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) | | | | | | | |
| | AMERICAN BATTLEGROUND FUND | | | | | | | |
| | (b) Address (number and street) PO BOX 30844 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | BETHESDA | MD | 20824 | | | | | |

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 Fund | raising Representa | atives) | | | | |
|--|--|--------------------|--|---|--|--|--|
| 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) | | | | | | |
| | EMMER MAJORITY BUILDERS | | | | | | |
| | (b) Address (number and street) 824 S. MILLEDGE AVE. STE. 101 | | | | | | |
| | (c) City, State, and ZIP Code | | | _ | | | |
| | ATHENS | GA | 30605 | | | | |
| | | | | | | | |
| }. | I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca | · · · | | | | | |
| | (a) Name of Committee (in full) | | | - | | | |
| | GROW THE MAJORITY | | | | | | |
| | (b) Address (number and street) | | | - | | | |
| | 228 S Washington St | | | | | | |
| | Ste 115 | | | - | | | |
| | (c) City, State, and ZIP Code Alexandria | VA | 22314 | | | | |
| | Alexandria | VA | 22017 | | | | |
| | | | | | | | |
| 3. | I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca | · · · | | | | | |
| (a) Name of Committee (in full) | | | | | | | |
| | | | | | | | |
| | (b) Address (number and street) | | | - | | | |
| | | | | | | | |
| | (c) City, State, and ZIP Code | | | - | | | |
| | | | | | | | |
| | | | | _ | | | |
| 3. | I hereby authorize the following named committee, which is NOT my pri | incipal campaign c | 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) | | | - | | | |
| | | | | | | | |
| | | | | _ | | | |