

Image# 202010289336631607

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Scholten, Hillary, , ,			2. Candidate's FEC Identification Number HOMI03316	
(b) Address (number and street) 1027 Benjamin Ave SE		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Grand Rapids MI 49506		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MI 03		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Scholten for Congress		
(b) Address (number and street) P.O. Box 6233		
(c) City, State, and ZIP Code Grand Rapids MI 49510		

### 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) SCHOLTEN VICTORY FUND		
(b) Address (number and street) 514 DANIELS STREET NUM 286		
(c) City, State, and ZIP Code RALEIGH NC 27605		

*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 Scholten, Hillary, , ,  <i>[Electronically Filed]</i>	Date 10/28/2020
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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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

**SERVE AMERICA VICTORY FUND**

(b) Address (number and street)

2910 E GARY WAY

(c) City, State, and ZIP Code

PHOENIX

AZ

85042

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)

**MICHIGAN 2020**

(b) Address (number and street)

918 PENNSYLVANIA AVE SE

(c) City, State, and ZIP Code

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.

(a) Name of Committee (in full)

**WEST MICHIGAN VICTORY FUND**

(b) Address (number and street)

PO BOX 15293

(c) City, State, and ZIP Code

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.

(a) Name of Committee (in full)

**HOUSE VICTORY PROJECT 2020**

(b) Address (number and street)

918 PENNSYLVANIA AVE SE

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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(c) City, State, and ZIP Code

PHOENIX

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**MICHIGAN 2020**

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918 PENNSYLVANIA AVE SE

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WASHINGTON

DC

20003

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**WEST MICHIGAN VICTORY FUND**

(b) Address (number and street)

PO BOX 15293

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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(a) Name of Committee (in full)

**HOUSE SWING STATE FUND**

(b) Address (number and street)

910 17TH ST NW STE 925

(c) City, State, and ZIP Code

WASHINGTON

DC

20006

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(a) Name of Committee (in full)

TWELFTH AMENDMENT DEFENDERS FUND

(b) Address (number and street)

PO BOX 5418

(c) City, State, and ZIP Code

TAKOMA PARK

MD

20913

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.

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(b) Address (number and street)

(c) City, State, and ZIP Code

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