FEC FORM 2

STATEMENT OF CANDIDACY

								-	
1.	(a) Name of Candidate (in full)							_	
	Davis, Colleen, , ,					O Condidatela FFO Identification Number			
	(b) Address (number and street) P.O. Box 432	☐ Check if address changed				2. Candidate's FEC Identification Number H4DE00052			
	(c) City, State, and ZIP Code						ew Amende	d	
	Ocean View	DE 19970				Statement X (N	N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate			
	DEMOCRATIC PARTY	House			DE	00			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
	Davis for Delaware								
	(b) Address (number and street)							_	
	P.O. Box 432								
	(c) City, State, and ZIP Code								
	Ocean View				DE	19970			
_									
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	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)									
(b) Address (number and street)									
	(-)								
	(c) City, State, and ZIP Code								
	(c) City, State, and ZIP Code								
	I certify that I have exa	mined this Stat	ement and to	o the best of	my knowledge a	and belief it is true, correct	and complete.		
Si	gnature of Candidate					Date		_	
D_{i}	avis, Colleen, , ,			[Flo	tronically Filed]	07/19/2023			
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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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FEC FORM 2 (REV. 02/2009)