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FEC FORM 2

STATEMENT OF CANDIDACY

_														
1.	(a) Name of Candidate (in full) DAVIDSON, WARREN, , ,													
	(b) Address (number and street) 1790 GREENBRIAR DRIVE	☐ Check if address changed			Candidate's FEC Identification Number H6OH08315									
	(c) City, State, and ZIP Code				3. Is This	Nev		X	Amended					
4.	TROY Party Affiliation	OH 45373-9524 5. Office Sought 6. State & Dist			Stateme trict of Candida	()	OR	Ľ	(A)					
4.	REPUBLICAN PARTY	House	Ji it		OH	08	ale							
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE													
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)													
	NOTE: This designation should be	filed with the ap	propriate offi	ce listed in th	ne instructions.									
	(a) Name of Committee (in full) DAVIDSON FOR CONGRESS													
	(b) Address (number and street) PO Box 518													
	(c) City, State, and ZIP Code													
	Troy				ОН	45373-	-0518							
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) Davidson Victory Fu	und												
	(b) Address (number and street) 499 S Capitol St SW													
	407 (c) City, State, and ZIP Code													
	Washington				DC	20003-4	4013							
	I certify that I have exa	amined this Sta	tement and to	the best of i	my knowledge a	and belief it is	true, correct a	nd comp	lete.					
Signature of Candidate						Date								
Di	AVIDSON, WARREN, , ,			[Elect	ronically Filed]	11/12/202	20							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.														
		1												

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

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 behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) FREEDOMWORKS PAC 2019									
	(b) Address (number and street) PO BOX 75760									
	(c) City, State, and ZIP Code									
	WASHINGTON DC 20013									
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									
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									