Image# 202203299495914660 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	King, Esther, Joy, ,									
	(b) Address (number and street) 801 Bend Blvd Apt 313	☐ Check if address changed		Candidate's FEC Identification Number H0IL17083						
	(c) City, State, and ZIP Code					3. Is This N	ew		Amended	
	East Moline		IL	6124	4	Statement (N	N) OR	×	(A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate				
	REPUBLICAN PARTY	House			IL	17				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
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 appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Esther for Congress									
	(b) Address (number and street) 2821 10th Street									
	(c) City, State, and ZIP Code									
	East Moline				IL	61244				
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 f	led with the pri	ncipal campa	lign committ	ee.					
(a) Name of Committee (in full) TAKE BACK THE HOUSE 2022										
	(b) Address (number and street) PO BOX 30844									
	(c) City, State, and ZIP Code									
	BETHESDA				MD	20824				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	gnature of Candidate					Date				
K	ing, Esther, Joy, ,			[Elec	tronically Filed]	03/29/2022				
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 2	2
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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraisin	g Representati	ves)				
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)						
	ESTHER JOY KING VICTORY FUND						
	(b) Address (number and street) 824 S MILLEDGE AVE SUITE 101						
	(c) City, State, and ZIP Code						
	ATHENS	GA	30605				
3 .	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	WINNING WOMEN VICTORY COMMITTEE 202	22					
	(b) Address (number and street) 228 S. WASHINGTON ST.						
	STE. 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
3.	I hereby authorize the following named committee, which is NOT my principal	al campaign cor	mmittee, to receive and expend funds on behalf of my				
	candidacy. NOTE: This designation should be filed with the principal campa	ign committee.					
	(a) Name of Committee (in full)						
	FRIENDS OF GOP WINNING WOMEN 2022						
	(b) Address (number and street) 228 S. WASHINGTON ST.						
	STE. 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		mmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	TEAM VALOR						
	(b) Address (number and street) 824 S MILLEDGE AVE STE 101						
	324 S WILLEDGE AVE STE TOT						
	(c) City, State, and ZIP Code						
	ATHENS	GA	30605				