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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                            |                |                |   |                  |               |           |        |           |  |
|---|--|----------------------------|----------------|----------------|---|------------------|---------------|-----------|--------|-----------|--|
|   | Dickerson, Cameron, D., ,  |                            |                |                |   | 1                |               |           |        |           |  |
|   | (b) Address (number and street)<br>1720 Vernon St.   | ☐ Check if address changed |                |                | Candidate's FEC Identification Number     H0VA09121 |                  |               |           |        |           |  |
|   | (c) City, State, and ZIP Code  |                            |                |                |   | 3. Is This       | New           | /         |        | Amended   |  |
|   | Christiansburg   |                            | VA             | 2407           | 3   | Stateme          | ent (N)       | OR        | ×      | (A)       |  |
| 4.  | Party Affiliation  | 5. Office Soug             | ght            |                | 6. State & Dist                                     | trict of Candida | ate           |           |        |           |  |
|   | DEMOCRATIC PARTY   | House                      |                |                | VA  | 09               |               |           |        |           |  |
| 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 t | ne instructions.                                    |                  |               |           |        |           |  |
| (a) Name of Committee (in full) DICKERSON DISTRICT 9  |  |                            |                |                |   |                  |               |           |        |           |  |
|   | (b) Address (number and street)<br>1720 VERNON ST.   |                            |                |                |   |                  |               |           |        |           |  |
|   | (c) City, State, and ZIP Code  |                            |                |                |   |                  |               |           |        |           |  |
|   | CHRISTIANSBURG   |                            |                |                | VA  | 24073            |               |           |        |           |  |
|   | Dr   | CICNIATIO                  | N OF OT        | LIED ALL       | TUODIZED.   | COMMITT          |               |           |        |           |  |
|   | DE   |                            |                | _              | <b>THORIZED</b> g Representativ                     |                  | EES           |           |        |           |  |
| 8.  | I hereby authorize the following nat candidacy.  | ned committee,             | , which is NO  | T my princip   | al campaign cor                                     | nmittee, to rece | eive and expe | end funds | on beh | alf of my |  |
|   | NOTE: This designation should be   | filed with the pr          | incipal campa  | aign committ   | ee.   |                  |               |           |        |           |  |
|   | (a) Name of Committee (in full)  |                            |                |                |   |                  |               |           |        |           |  |
| Intelligence Advanced Analytics   |  |                            |                |                |   |                  |               |           |        |           |  |
|   | (b) Address (number and street)<br>1720 Vernon St.   |                            |                |                |   |                  |               |           |        |           |  |
|   | (c) City, State, and ZIP Code  |                            |                |                |   |                  |               |           |        |           |  |
|   | Christiansburg   |                            |                |                | VA  | 24073            |               |           |        |           |  |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.                    |  |                            |                |                |   |                  |               |           |        |           |  |
| Sig   | gnature of Candidate   |                            |                |                |   | Date             |               |           |        |           |  |
| Di  | ickerson, Cameron, D., ,   |                            |                | [Elec          | tronically Filed]                                   | 01/23/2022       | 2             |           |        |           |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. |  |                            |                |                |   |                  |               |           |        |           |  |
|   |  |                            |                |                |   |                  |               |           |        |           |  |
|   |  |                            |                |                |   |                  |               |           |        |           |  |
|   |  |                            |                |                |   |                  |               |           |        |           |  |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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|------|-----------------|---|
| Page | <sup>2</sup> Of | _ |

## **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |   |  |  |  |  |  |  |
|----|---|---|--|--|--|--|--|--|
|    | (a) Name of Committee (in full) PROGRESSIVE NATIONAL COMMITTEE  |   |  |  |  |  |  |  |
|    |   |   |  |  |  |  |  |  |
|    | (b) Address (number and street) 1720 Vernon St.   | _ |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code Christiansburg VA 24073   | _ |  |  |  |  |  |  |
|    |   | _ |  |  |  |  |  |  |
| 8. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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. <b>NOTE</b> : 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   |   |  |  |  |  |  |  |