

Image# 202210059532063684

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Peters, Samuel, James, Mr,		2. Candidate's FEC Identification Number HONV04023
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 752555		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Las Vegas NV 89136		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NV 04

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) <b>COMMITTEE TO ELECT SAM PETERS</b>	
(b) Address (number and street) 6618 COLLINGSWORTH ST	
(c) City, State, and ZIP Code LAS VEGAS NV 89131	

### 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) <b>PETERS FOR NV-04 REPUBLICAN NOMINEE FUND 2022</b>	
(b) Address (number and street) PO BOX 9891	
(c) City, State, and ZIP Code ARLINGTON VA 22219	

*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 Peters, Samuel, James, Mr,  <i>[Electronically Filed]</i>	Date 10/05/2022
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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)

**Sam Peters Victory Fund**

(b) Address (number and street)

PO Box 183

(c) City, State, and ZIP Code

Hudson

WI

54016

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)

**CRUZ 25 FOR 22 VICTORY FUND**

(b) Address (number and street)

P.O. BOX 341027

(c) City, State, and ZIP Code

AUSTIN

TX

78734

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)

**NRCC NEVADA VICTORY**

(b) Address (number and street)

228 S WASHINGTON ST

STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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