

Image# 202212219574200719

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Schweikert, David, S., ,		
(b) Address (number and street) 8175 E Evans Rd #13176		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Scottsdale AZ 85267		2. Candidate's FEC Identification Number H4AZ06045
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate AZ 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) FRIENDS OF DAVID SCHWEIKERT		
(b) Address (number and street) 8175 EAST EVANS ROAD # 13176		
(c) City, State, and ZIP Code SCOTTSDALE AZ 85267		

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) SCHWEIKERT VICTORY COMMITTEE		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824-0844		

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 Schweikert, David, S., , [Electronically Filed]	Date 12/21/2022
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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 CommitteesPage 2 of 2

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)

Schweikert-Lesko Victory Committee

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824-0844

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)

TAKE BACK THE HOUSE 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824-0844

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

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code