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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|---|----------------------------|-------------|---------------|------------------------|--|------------|--|
| | Ansari, Yassamin, , , | | book if add | oo obcass - | 2 Condidate's FFO Lite | ntification Number | | |
| | (b) Address (number and street) P.O. Box 13524 | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number H4AZ03109 | | |
| | City, State, and ZIP Code | | | | | | ew Amended | |
| | Phoenix | | AZ | <u>z</u> 8500 | 2 | Statement (N | I) OR (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | | rict of Candidate | | |
| | DEMOCRATIC PARTY | House | | | AZ | 03 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| Yassamin Ansari for Congress | | | | | | | | |
| | (b) Address (number and street) P.O Box 13524 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Phoenix | | | | AZ | 85002 | | |
| | DE | SIGNATIO | N OF OT | HED VII | TUODIZED | COMMITTEES | _ | |
| 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) Address (number and street) | | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| (6) 5.13, 5.13.5, 5.13.5. | | | | | | | | |
| | | | | | | | | |
| 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 | | |
| Ai | nsari, Yassamin, , , | [Electronically Filed] | | | | 04/04/2023 | | |
| | | | | | | | | |
| 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)