

Image# 202001049167019791

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Watson, Melissa, Ward, ,		2. Candidate's FEC Identification Number H0SC07029
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1219 3rd Loop Rd		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Florence SC 29505		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate SC 07

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) MELISSA WATSON FOR CONGRESS		
(b) Address (number and street) 405 BRIGHT LEAF LOOP		
(c) City, State, and ZIP Code SUMMERVILLE SC 29486		

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		

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 Watson, Melissa, Ward, , <i>[Electronically Filed]</i>	Date 01/04/2020
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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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