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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Faulkner, Omari, , ,							
	(b) Address (number and street) 228 S. Washington St. Ste. 115	☐ Check if address changed				Candidate's FEC Identification Number S0VA00179		
	(c) City, State, and ZIP Code					3. Is This N	ew Amended	
	Alexandria		VA	2231	4	Statement X (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	Senate			VA	00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Omari Faulkner for Virginia								
	(b) Address (number and street)							
	228 S. Washington St. Ste. 115							
	(c) City, State, and ZIP Code							
	Alexandria				VA	22314		
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 exa	mined this Stat	ement and to	the best of	my knowledae a	nd belief it is true. correct	and complete.	
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 Date								
	aulkner, Omari, , ,							
r	iuikner, Omari, , ,			[Elec	tronically Filed]	11/11/2019		
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)