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FEC FORM 2

STATEMENT OF CANDIDACY

							_	
1.	(a) Name of Candidate (in full)							
	Howard, Risi, , ,		مراماه کار داماه			2. Condidate's FFC Identification Number	_	
	(b) Address (number and street) 1316 West 2nd Avenue		heck if addre	ss cnanged		Candidate's FEC Identification Number H4AR04089		
	(c) City, State, and ZIP Code					3. Is This New Amended	_	
	Pine Bluff		AF	7160		Statement X (N) OR (A)	_	
4.	Party Affiliation	5. Office Soug	ıht			trict of Candidate 04		
	DEMOCRATIC PARTY	House			AR	04	_	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	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)							
Committee to Elect Howard for Congress								
	(b) Address (number and street)						_	
	P.O. Box 6237							
	(c) City, State, and ZIP Code						_	
	Pine Bluff				AR	71611		
							_	
	DE	SIGNATIO	N OF OT	HFR AU	THORIZED	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						—	
	(c) City, State, and ZIF Code							
	I certify that I have exa	mined this Stat	tement and to	the best of	mv knowledae a	and belief it is true, correct and complete.	_	
- Ci	·					Date	_	
Signature of Candidate						•		
Н	Howard, Risie, R, ,					12/07/2023		
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)