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PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) WESTERMAN, BRUCE, , ,		
(b) Address (number and street) P.O. BOX 21097		☐ Check if address changed
(c) City, State, and ZIP Code HOT SPRINGS AR 71901		2. Candidate's FEC Identification Number H4AR04048
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate AR 04		3. Is This Statement ☐ New (N) OR ☒ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) WESTERMAN FOR CONGRESS		
(b) Address (number and street) PO BOX 21097		
(c) City, State, and ZIP Code HOT SPRINGS AR 71903		

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) WESTERMAN VICTORY FUND		
(b) Address (number and street) 824 S Milledge Ave Ste 101		
(c) City, State, and ZIP Code Athens GA 30605		

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 WESTERMAN, BRUCE, , ,	Date 09/01/2026
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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)

TRANSPORTATION TRUST FUND

(b) Address (number and street)

502 6TH STREET

(c) City, State, and ZIP Code

HUDSON

WI

54016

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)

FRIENDS OF FONGRESSMAN

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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)

KEEP AMERICA MOVING COMMITTEE

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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