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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|--|----------------------------|--------------|-------------|--|--|-------------|-------------|
| | Edwards, Amanda, , , (b) Address (number and street) | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number | | |
| | PO Box 66684 | ☐ Check if address changed | | | 2. Candidate's FEC Identification Number S0TX00258 | | | |
| | (c) City, State, and ZIP Code | | | | 4.4 | ew | Amended | |
| | Houston | TX 77266 | | | | Statement (N | N) OR | (A) |
| 4. | Party Affiliation | 5. Office Soug | ht | | | rict of Candidate | | |
| | DEMOCRATIC PARTY | Senate | | | TX | 00 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | Thereby 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) | | | | | | | | |
| Amanda Edwards for Texas | | | | | | | | |
| | (b) Address (number and street) PO Box 66684 | | | | | | | |
| | 1 O DOX 00004 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Houston | | | | TX | 77266 | | |
| | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HER 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) | | | | | | | | |
| (b) Address (number and street) | | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | mined this Stat | ement and to | the best of | my knowledge a | nd belief it is true, correct | and complet | e. |
| Si | gnature of Candidate | | | | | Date | | |
| E | dwards, Amanda, , , | [Electronically Filed] | | | | 07/18/2019 | | |
| | | | | - | | | | |
| 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)