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FEC FORM 2

STATEMENT OF CANDIDACY

| | () 11 (((((((((((((((((| | | | | | | |
|---|--|----------------|-----------|------|---|--------------------------|----|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | |
| | Chu, Weiming, David, Dr., MD | | 1 1 26 11 | | | 10.00 F1.01 F5011 66 6 N | | |
| | (b) Address (number and street) ☐ Check if address changed 37 Gramercy | | | | Candidate's FEC Identification Number H4CA47176 | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amende | ed | |
| | Irvine | | CA | 9261 | 2 | Statement (N) OR (A) | | |
| 4. | Party Affiliation | 5. Office Soug | ıht | | 6. State & Dis | trict of Candidate | | |
| | REPUBLICAN PARTY | House | | | CA | 47 | | |
| 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) | | | | | | | |
| Dr. Weiming David Chu for Disctic 47 | | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | 520 N Main St | | | | | | | |
| | Ste 230 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Santa Ana | | | | CA | 92701 | | |
| | | | | | | | | |
| | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Injut Fundaming Programment) | | | | | | | | |
| (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) | | | | | | | | |
| (a) Name of Commutee (III 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 | | | | | Date | | | |
| С | Chu, Weiming, David, Dr., MD | | | | | 10/19/2023 | | |
| | | | | | | | | |
| | | | | | | | | |
| 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)