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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Wells, Robert, Carr, Mr., Jr. (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number			
	579 Hillview Drive	□ Crieck ii address changed			H4VA06046				
	(c) City, State, and ZIP Code	V: 2/2/2				ew	Amended		
	Roanoke Party Affiliation	5. Office Sou	V	A 240 ²		Statement X (N	N) OR	(A)	
4.	INDEPENDENT	House	Jiit		VA	06			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
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)								
ROBBY WELLS FOR CONGRESS									
	(b) Address (number and street)								
	579 HILLVIEW DRVE								
	(c) City, State, and ZIP Code								
	ROANOKE				VA	24019			
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 Sta	tement and to	o the best of	my knowledge a	and belief it is true, correct	t and complete	<u>).</u>	
Signature of Candidate						Date			
WELLS, ROBERT, CARR, MR., JR.						01/29/2024			
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)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F2N Transaction ID:

2024 Special Election.

Form/Schedule: Transaction ID: