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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) | | | | | | | | | | |
|-------------------|--|---------------------|--------------------------|--------------|------------------------------------|---|-----------------|-----------|-------------|------|
| | Name of Candidate (in full) | | | | | | | | | |
| | Grossman, Seth, , , | | | | | | | | | |
| (b) | Address (number and street) 101 South Plaza Place Unit #1202 | □ Che | Check if address changed | | | Candidate's FEC Identification Number H8NJ02232 | | | | |
| (c) | City, State, and ZIP Code | | | | | 3. Is This | Ne | N | Ame | nded |
| | Atlantic City | | NJ | 0840 | 1 | Stateme | ent X (N) | OR | (A) | |
| 4. Pai | rty Affiliation | 5. Office Sought | | | 6. State & Dist | rict of Candida | ate | | | |
| RE | EPUBLICAN PARTY | House | | | NJ | 02 | | | | |
| | DE | SIGNATION | OF PRIN | ICIPAL | CAMPAIG | | TEE | | | |
| 7. I he | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | |
| NO | OTE: This designation should be | iled with the appr | opriate office | listed in th | e instructions. | | | | | |
| (a) | Name of Committee (in full) | | | | | | | | | |
| | Grossman for Cong | ress Comm | nittee | | | | | | | |
| | | | | | | | | | | |
| (b) | Address (number and street) 453 Shore Road | | | | | | | | | |
| (c) | City, State, and ZIP Code | | | | | | | | | |
| | Somers Point | | | | NJ | 08244 | | | | |
| | | | | | | | | | | |
| | DE | CICNIATION | OF OTH | AII | | 0014141 | | | | |
| | DE | SIGNATION | | | | | EES | | | |
| | | (Inc | luding Joint I | Fundraisin | g Representativ | es) | | | | |
| | ereby authorize the following nan | ned committee, w | hich is NOT r | my principa | al campaign cor | nmittee, to rec | eive and exp | end funds | on behalf o | mv |
| car | ndidacy. | | | | | | | | | , |
| | ndidacy. TE: This designation should be f | iled with the princ | ipal campaig | n committe | ee. | | | | | , |
| NO | TE: This designation should be to | iled with the princ | ipal campaig | n committe | ee. | | | | | |
| NO | • | iled with the princ | ipal campaig | n committe | ee. | | | | | |
| NO | TE: This designation should be to | iled with the princ | ipal campaig | n committe | 96. | | | | | |
| (a) | TE: This designation should be to | iled with the princ | ipal campaig | n committe | ee. | | | | | |
| (a) | PTE: This designation should be for Name of Committee (in full) | iled with the princ | ipal campaig | n committe | ee. | | | | | |
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| (a) | Name of Committee (in full) Address (number and street) | iled with the princ | ipal campaig | n committe | ee. | | | | | |
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| (a) | Name of Committee (in full) Address (number and street) | | | | | and belief it is t | true, correct a | and comp. | lete. | |
| (a) (b) (c) | Name of Committee (in full) Address (number and street) City, State, and ZIP Code | | | | | | rue, correct a | and comp | lete. | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate | | | | | and belief it is t | rue, correct a | and comp | ete. | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code | | | he best of I | | | | and comp | lete. | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate | | | he best of I | my knowledge a | Date | | and comp. | ete. | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate | | | he best of I | my knowledge a | Date | | and comp | lete. | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate | mined this Stater | nent and to th | he best of l | ny knowledge a ronically Filed] | Date 03/03/201 | 8 | | | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate man, Seth, , , | mined this Stater | nent and to th | he best of l | ny knowledge a ronically Filed] | Date 03/03/201 | 8 | | | |
| (a) (b) (c) Signa | Name of Committee (in full) Address (number and street) City, State, and ZIP Code I certify that I have exacture of Candidate man, Seth, , , | mined this Stater | nent and to th | he best of l | ny knowledge a ronically Filed] | Date 03/03/201 | 8 | | | |

FEC FORM 2 (REV. 02/2009)