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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Gravel, Maurice, Robert, ,	1								
	(b) Address (number and street) 15 Park Ave	☐ Check if address changed				Candidate's FEC Identification Number P00011254				
	(c) City, State, and ZIP Code						lew	Amend	ded	
	Ardsley		N'	Y 105		· ·	N) OR	(A)		
4.	Party Affiliation DEMOCRATIC PARTY	Office Soug President			6. State & Dist	rict of Candidate 00				
	DEMOCRATIO FARTT	Trosidoni								
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) FRIENDS OF MIKE GRAVEL									
	(b) Address (number and street) 15 PARK AVE									
	(c) City, State, and ZIP Code									
	ARDSLEY				NY	10502				
(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									
	·	mined this Stat	tement and to	o the best o	^r my knowledge a	nd belief it is true, correct	t and comple	te.		
Si	gnature of Candidate					Date				
G	ravel, Maurice, Robert, ,	[Electronically Filed]				04/02/2019				
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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