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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
ABRAHAM, RALPH, LEE, Dr., Jr.

(b) Address (number and street) ☒ Check if address changed
P.O. Box 271

2. Candidate's FEC Identification Number
H4LA05221

(c) City, State, and ZIP Code
Archibald LA 71218-0271

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
House

6. State & District of Candidate
LA 05

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Ralph Abraham for Congress

(b) Address (number and street)
P.O. Box 14062

(c) City, State, and ZIP Code
Monroe LA 71207-4062

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 examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate	**Date**
ABRAHAM, RALPH, LEE, Dr., Jr. ***[Electronically Filed]***	07/22/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.