

Image# 15970007983

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. RALPH LEE ABRAHAM Jr.			2. Candidate's FEC Identification Number H4LA05221	
(b) Address (number and street) P.O. Box 271		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Archibald LA 71218-0271		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> 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 2016 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) Ralph Abraham for Congress		
(b) Address (number and street) P.O. Box 270		
(c) City, State, and ZIP Code Archibald LA 71218-0270		

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 Dr. RALPH LEE ABRAHAM Jr. <i>[Electronically Filed]</i>	Date 01/11/2015
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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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