

Image# 201905229149829987

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Graham, Lindsey, O., ,		2. Candidate's FEC Identification Number S0SC00149	
(b) Address (number and street) PO Box 486		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Seneca SC 29679-0486		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate SC 00	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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) Team Graham, Inc.	
(b) Address (number and street) PO Box 1801	
(c) City, State, and ZIP Code Columbia SC 29202-1801	

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) Collins-Graham Majority Committee	
(b) Address (number and street) 228 S Washington St Ste 115	
(c) City, State, and ZIP Code Alexandria VA 22314-5404	

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 Graham, Lindsey, O., , [Electronically Filed]	Date 05/22/2019
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Graham Majority Fund

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

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)

2019 Senators Classic Committee

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State, and ZIP Code

Alexandria VA 22314-5404

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

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