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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name of Candidate (in full) | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|----------------|-------------------|-------------------------------------------------|-----------------|-----------|-----------------|
| Dr Ralph W Baucum III | | | | | 100 111 | 1 55011 | | |
| (b) Address (number and street) 6712 Querbes Dr | ☐ Check if address changed | | | | Candidate's FEC Identification Number H6LA04120 | | | |
| (c) City, State, and ZIP Code | | | | | 3. Is This | Ne | | Amended |
| Shrevepor | LA 71106 | | | | Statem | ent X (N) |) OR | (A) |
| Party Affiliation | 5. Office Sough | ht | | 6. State & Dist | | ate | | |
| REPUBLICAN PARTY | House | | | LA | 04 | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election) | | | | | | | | |
| NOTE: This designation should be | e filed with the ap | propriate offi | ce listed in t | ne instructions. | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| Dr Trey Baucum (| Campaign | | | | | | | |
| (b) Address (number and street) 333 Texas St, Suite 1525 | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| Shreveport | | | | LA | 71101 | | | |
| | | | | | | | | |
| r | ESIGNATIO | N OF OT | HED VII. | THODIZED | COMMIT | TEES | | |
| • | | | _ | g Representativ | | ILLS | | |
| | • | _ | | | ŕ | | | |
| I hereby authorize the following r candidacy. | iamed committee, | which is NO | I my princip | al campaign cor | nmittee, to rec | ceive and exp | end funds | on behalf of my |
| NOTE: This designation should be | e filed with the pri | ncipal campa | ign committ | ee. | | | | |
| (a) Name of Committee (in full) | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , , | | | | | | | | |
| | | | | | | | | |
| (b) Address (number and street) | | | | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | |
| (c) City, State, and ZIF Code | | | | | | | | |
| | | | | | | | | |
| | | | | | | , , | , | |
| I certify that I have e | examined this State | ement and to | tne best of | ту кпоміеаде г | ana bellet it is | true, correct a | апа сотрі | ete. |
| Signature of Candidate | | | | | Date | | | |
| Dr Ralph W Baucum III [Electronically F | | | | | 01/29/2016 | | | |
| | | | LERC | nonicully 1 licus | | | | |
| | | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)