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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						_	
	Baker, Samuel, Goodman, Mr,					1		
	(b) Address (number and street) ☐ Check if address changed 650 West Elm Avenue					Candidate's FEC Identification Number H6AR01122		
	(c) City, State, and ZIP Code					3. Is This New Amended	_	
	Jonesboro		AF	7240		Statement X (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ht			trict of Candidate		
	DEMOCRATIC PARTY	House			AR	01	_	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Make Arkansas Great Again PAC								
	(b) Address (number and street)						_	
	P.O Box 626							
	(c) City, State, and ZIP Code						_	
	Jonesboro				AR	72401		
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)								
	(a) Name of Committee (in rail)							
(b) Address (number and street)								
	(b) / ladioco (nambor and otroct)							
(c) City, State, and ZIP Code								
_							_	
	<u> </u>	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.	_	
Signature of Candidate					Date			
Baker, Samuel, Goodman, Mr.,					05/13/2025			
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)