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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Wells, Robert, Stacy, Dr,			
(b) Address (number and street) 123 Buttermilk Pike PO Box 17097		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Lakeside Park		KY	41017
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House	6. State & District of Candidate KY 04
2. Candidate's FEC Identification Number H6KY04155			
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

Committee To Elect Robert Wells

(b) Address (number and street)

123 Buttermilk Pike
PO Box 17097

(c) City, State, and ZIP Code

Lakeside Park KY 41017

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 Wells, Robert, Stacy, Dr,	Date 09/22/2025
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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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