FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)									
ALFORD, MARK, , , (b) Address (number and street) PO BOX 1428	□ Check if address changed			2. Candidate's FEC Identification Number					
				H2MO0			A	ll	
(c) City, State, and ZIP Code RAYMORE	MO 64083			3. Is This Stateme	ent (N)		X (A)	ended	
4. Party Affiliation	5. Office Sought		6. State & Dist	rict of Candida	ate				
REPUBLICAN PARTY	House		MO	04					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I hereby designate the following na	med political committee as n	ny Principal (Campaign Comr	-	2024 (year of elect	electio	n(s).		
NOTE: This designation should be	filed with the appropriate offi	ce listed in th	ne instructions.						
(a) Name of Committee (in full) MARK ALFORD FC	R CONGRESS, II	NC.							
(b) Address (number and street) PO BOX 1428									
(c) City, State, and ZIP Code									
RAYMORE			MO	64083					
 8. I hereby authorize the following nar candidacy. NOTE: This designation should be (a) Name of Committee (in full) MISSOURI TRUTH 	ned committee, which is NO	T my principa			ceive and exp	pend funds	on behalf o	f my	
(b) Address (number and street)	FAG								
555 METRO PLACE N									
SUITE 525									
(c) City, State, and ZIP Code									
DUBLIN			OH	43017					
I certify that I have exa	mined this Statement and to	the best of	my knowledge a	nd belief it is t	true, correct	and comple	ite.		
Signature of Candidate				Date					
ALFORD, MARK, , ,		[Elect	ronically Filed]	02/08/202	3				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
						FEC	FORM 2 (RE	V. 02/2009)	

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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street) PO BOX 30844

(c) City, State, and ZIP Code BETHESDA

20824

MD

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.

	, ,		
(b) Address (number an	nd street)		

(c) City, State, and ZIP Code

(a) Name of Committee (in full)

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