

Image# 202401169600089165

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) GRAVES, GARRET, , ,		
(b) Address (number and street) PO Box 64845		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code BATON ROUGE LA 70896		2. Candidate's FEC Identification Number H4LA06153
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate LA 06		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" 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 2024 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) GARRET GRAVES FOR CONGRESS		
(b) Address (number and street) PO BOX 64845		
(c) City, State, and ZIP Code BATON ROUGE LA 70896		

### 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) GARRET GRAVES VICTORY FUND		
(b) Address (number and street) PO BOX 64845		
(c) City, State, and ZIP Code BATON ROUGE LA 70896		

*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 GRAVES, GARRET, , ,	Date 01/16/2024
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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)

Page 2 of 2DESIGNATION 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)

SAM GRAVES LEADERSHIP FUND

(b) Address (number and street)

2345 GRAND, 18TH FLOOR

(c) City, State, and ZIP Code

KANSAS CITY

MO

64108

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)

TRANSPORTATION TRUST FUND

(b) Address (number and street)

502 6TH STREET

(c) City, State, and ZIP Code

HUDSON

WI

54016

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