FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)												
	Ward, Robert, Lewis, Mr,												
	(b) Address (number and street) 143 Bayou Circle Apt 102	☐ Check if address changed					Candidate's FEC Identification Number P40014375						
	(c) City, State, and ZIP Code						3. Is This		New			Amended	
	Leesburg	FL 34748					Statem	ent X	(N)	OR	ш	(A)	
4.	Party Affiliation	5. Office Sought 6. State &				State & Distr	ict of Candid	ate					
	REPUBLICAN PARTY	President	ial				00						
	DE	SIGNATIO	N OF PR	INCIPA	L CA	MPAIGN	COMMI	TTEE					
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)												
	NOTE: This designation should be filed with the appropriate office listed in the instructions.												
	(a) Name of Committee (in full)												
	Robert Ward Election Committee												
(b) Address (number and street) 2863 Myakka River Road													
	(c) City, State, and ZIP Code												
	Taveras					FL	32778						
 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.													
	gnature of Candidate			Date									
W	ard, Robert, Lewis, Mr,			[E	lectroni	cally Filed]	07/13/202	23					
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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