

Image# 202204029495935201

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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                                                          |  |                                                   |                                                       |                                           |
|----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>GRAHAM, JOEL, , MR,                                                |  |                                                   | 2. Candidate's FEC Identification Number<br>H2OR18012 |                                           |
| (b) Address (number and street)<br>2418 MARKET STREET                                                    |  | <input type="checkbox"/> Check if address changed |                                                       |                                           |
| (c) City, State, and ZIP Code<br>NE SALEM                                                                |  | OR 97301                                          |                                                       |                                           |
| 4. Party Affiliation<br>INDEPENDENT CONSERV. DE                                                          |  | 5. Office Sought<br>House                         |                                                       | 6. State & District of Candidate<br>OR 18 |
| 3. Is This Statement <input checked="" type="checkbox"/> New (N) 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 2022 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)<br>US INDEPENDENT CONSERVATIVE PARTY |  |  |
| (b) Address (number and street)<br>55 EAST 3RD STREET                |  |  |
| (c) City, State, and ZIP Code<br>NEW YORK NY 10003                   |  |  |

### 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<br>GRAHAM, JOEL, , MR,<br><br>[Electronically Filed] | Date<br>04/02/2022 |
|-----------------------------------------------------------------------------|--------------------|

**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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