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Image# 201706299066461216

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|------------------------------|---------------|------------------|------------------|---|---------------|---------------|-----------|-------------|--|
| | Baake, David, , , | | | | | | | | | | |
| | (b) Address (number and street) 2200 Mars Ave, #2 | ☐ Check if address changed | | | | Candidate's FEC Identification Number H8NM02131 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | ew | | Amended | |
| | Las Cruces | | NM | 88012 | 2 | Statem | nent 🗶 (N | N) OR | ш | (A) | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Dist | rict of Candid | late | | | | |
| | DEMOCRATIC PARTY | House | | | NM | 02 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2017 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Baake for Congress | | | | | | | | | | |
| | | | | | | | | | | | |
| | (b) Address (number and street) 2200 Mars Ave, #2 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Las Cruces | | | | NM | 85012 | ! | | | | |
| | | | | | | | | | | | |
| | DE | SIGNATION (| OF OTHE | ER AUT | HORIZED | COMMIT | TEES | | | | |
| (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. | | | | | | | | | | | |
| | , | والمساسم والمسافية والمناسبة | | | | | | | | | |
| 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 | | | | | | | | | | |
| | (b) Oity, Otate, and Zii Gode | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | . , | , , | | |
| | I certify that I have exa | minea this Stateme | ent and to th | e best of r | ny knowleage a | ana bellet it is | true, correct | ana comp | iete. | | |
| Signature of Candidate | | | | | Date | | | | | | |
| Baake, David, , , | | | | ronically Filed] | 06/29/2017 | | | | | | |
| | aake, Davia, , , | | | [Liecii | ronicany r nea j | | | | | | |
| | uure, Davia, , , | | | _ | , | | | | | | |
| | uuke, Duviu, , , | | | | | | | | | | |
| NO | OTE: Submission of false, erroneous, | or incomplete info | rmation may | | | ng this Staten | nent to penal | Ities of 2 U. | .S.C. §43 | 7 g. | |
| NO | | or incomplete info | rmation may | | | ng this Staten | nent to pena | Ities of 2 U. | S.C. §43 | 7g. | |
| N | | or incomplete info | rmation may | | | ng this Stater | nent to pena | Ities of 2 U. | S.C. §43 | 7g. | |
| NO | | or incomplete info | rmation may | | | ng this Stater | nent to penal | Ities of 2 U. | S.C. §43 | 7g. | |

FEC FORM 2 (REV. 02/2009)