

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Robert Allison Smith Jr		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 402 Peachtree Ct		2. FEC Candidate Identification Number CD0583740
(c) City, State, and ZIP Code Hebron MD 21830		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation IND	5. Office Sought President	6. State & District of Candidate MD Wicomico

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

Smith Servant Committee

(a) Name of Committee (in full)

402 Peachtree Ct

(b) Address (number and street)

Hebron MD 21830

(c) City, State, and ZIP Code

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

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 	Date 9/17/15
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2015 RELEASE UNDER E.O. 13526

