Image# 202201139474979398 PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 4 (a) Name           | a of Condidate (in full)   |                     |                            |                |                   |                  |                |              |                 |  |
|----------------------|--|---------------------|----------------------------|----------------|-------------------|------------------|----------------|--------------|-----------------|--|
|                      | e of Candidate (in full)   |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  | ПСЬ                 | ock if addra               | ee chanacd     |                   | 2 Candida        | to's EEC Idas  | tification N | lumber          |  |
|                      |  |                     | □ Check if address changed |                |                   |                  |                |              |                 |  |
| (c) City,            | State, and ZIP Code  |                     |                            |                |                   |                  |                | ew           | Amended         |  |
|                      |  |                     | FL                         | 3348           | 0                 | 1                |                |              | (A)             |  |
| 4. Party Aff         | filiation  | 5. Office Sough     | t                          |                | 6. State & Dist   | trict of Candid  | date           |              |                 |  |
| REPUE                | BLICAN PARTY   | House               |                            |                | FL                | 21               |                |              |                 |  |
|                      | DI   | SIGNATION           | I OF PR                    | INCIPAL        | CAMPAIGI          | и соммі          | TTEE           |              |                 |  |
| 7. I hereby          | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  v designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)  This designation should be filed with the appropriate office listed in the instructions.  The of Committee (in full)  artin Marks for Congress  Tess (number and street)  Designation and street)  Designation of the properties of the properties of the properties of the instructions.  The of Committee (in full)  artin Marks for Congress  Tess (number and street)  Designation of the properties of the properties of the instructions.  The of Committee (in full)  artin Marks for Congress  The properties of the prop |                     |                            |                |                   |                  |                |              |                 |  |
| NOTE: 7              | This designation should be   | filed with the app  | ropriate offi              | ce listed in t | he instructions.  |                  |                |              |                 |  |
| (a) Nam              | e of Committee (in full)   |                     |                            |                |                   |                  |                |              |                 |  |
| Ma                   | artin Marks for Co   | ngress              |                            |                |                   |                  |                |              |                 |  |
| (b) Addr             | ass (number and street)  |                     |                            |                |                   |                  |                |              |                 |  |
| ` '                  | ,  |                     |                            |                |                   |                  |                |              |                 |  |
| Ste                  | 317-435  |                     |                            |                |                   |                  |                |              |                 |  |
| (c) City,            | State, and ZIP Code  |                     |                            |                |                   |                  |                |              |                 |  |
| Pa                   | ılm Beach  |                     |                            |                | FL                | 33480            | )              |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      | DE   |                     |                            | _              | _                 |                  | TEES           |              |                 |  |
|                      |  | (In                 | cluding Joir               | nt Fundraisir  | ng Representativ  | es)              |                |              |                 |  |
| 8. I hereby candidad | -  | med committee, v    | hich is NO                 | T my princip   | al campaign cor   | mmittee, to re   | eceive and exp | end funds    | on behalf of my |  |
| NOTE:                | This designation should be   | filed with the prin | cipal campa                | aign commit    | ee.               |                  |                |              |                 |  |
| (a) Nam              | e of Committee (in full)   |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
| (b) Addr             | ess (number and street)  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
| (c) City,            | State, and ZIP Code  |                     |                            |                |                   |                  |                |              |                 |  |
| .,,,,                |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      | I certify that I have ex   | amined this State   | ment and to                | the best of    | my knowledge a    | and belief it is | true, correct  | and comp     | ete.            |  |
| Signature            | of Candidate   |                     |                            |                |                   | Date             |                |              |                 |  |
| Marks, Mar           |  |                     |                            |                |                   |                  |                |              |                 |  |
| marks, mar           | , 5., ,  |                     |                            | [Elec          | tronically Filed] | 01/13/20         | 22             |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
| NOTE: Sub            | mission of false, erroneous  | s, or incomplete in | formation n                | nay subject    | the person signi  | ng this Stater   | ment to penal  | ies of 2 U.  | S.C. §437g.     |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |
|                      |  |                     |                            |                |                   |                  |                |              |                 |  |

FEC FORM 2 (REV. 02/2009)