

Image# 202601059793904460

PAGE 1 / 1

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                            |   |   |  |  |
|--|----------------------------|---|---|--|--|
| 1. (a) Name of Candidate (in full)<br>Baisley, Mark, , , |                            |   | 2. Candidate's FEC Identification Number<br>S6CO00507 |  |  |
| (b) Address (number and street)<br>301 Thunder Ridge Dr  |                            | <input type="checkbox"/> Check if address changed   |   | 3. Is This<br>Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) |  |
| (c) City, State, and ZIP Code<br>Woodland Park           |                            | CO  | 80863   | 6. State & District of Candidate<br>CO 00  |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY                 | 5. Office Sought<br>Senate | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2026</u> election(s).<br>(year of election) |   |  |  |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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><b>Baisley for Senate</b> |  |  |
| (b) Address (number and street)<br>301 Thunder Ridge Dr      |  |  |
| (c) City, State, and ZIP Code<br>Woodland Park CO 80863      |  |  |

### 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>Baisley, Mark, , , | Date<br>01/05/2026 |
|--|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|