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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |  |    |        |   |                         |       |         |     |  |
|---|---|--|----|--------|---|-------------------------|-------|---------|-----|--|
|   | Clayman, David, Morris, ,   |  |    |        |   |                         |       |         |     |  |
|   | (b) Address (number and street)<br>7930 Palacio Del Mar Drive   | ☐ Check if address changed                     |    |        | Candidate's FEC Identification Number     P80007511 |                         |       |         |     |  |
|   | (c) City, State, and ZIP Code   |  |    |        |   | ew                      | V     | Amended |     |  |
|   | Boca Raton  |  | FL | _ 3343 |   | Statement (N            | l) OR | ×       | (A) |  |
| 4.  | Party Affiliation INDEPENDENT   | <ol><li>Office Sough<br/>Presidentia</li></ol> |    |        | 6. State & Dist                                     | rict of Candidate<br>00 |       |         |     |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |  |    |        |   |                         |       |         |     |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election) |  |    |        |   |                         |       |         |     |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                |  |    |        |   |                         |       |         |     |  |
|   | (a) Name of Committee (in full)   |  |    |        |   |                         |       |         |     |  |
|   | LIFESAVER LABS TRINITY PRECEDENTIAL/PRESIDENTIAL COMMITTEE: DAVID CLAYMAN FOR PRECEDENT/PRESIDENT & COMMANDER-IN-CHIEF        |  |    |        |   |                         |       |         |     |  |
|   | (b) Address (number and street)   |  |    |        |   |                         |       |         |     |  |
|   | 7930 PALACIO DEL MAR DRIVE  |  |    |        |   |                         |       |         |     |  |
|   | (c) City, State, and ZIP Code   |  |    |        |   |                         |       |         |     |  |
|   | BOCA RATON  |  |    |        | FL  | 33433                   |       |         |     |  |
| 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  |   |  |    |        |   | Date                    |       |         |     |  |
| Clayman, David, Morris, ,   |   |  |    |        |   | 10/31/2025              |       |         |     |  |
| 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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