FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
   TRUMP, DONALD, J., / PENCE, MICHAEL, R.,

(b) Address (number and street)
   725 FIFTH AVENUE

(c) City, State, and ZIP Code
   NEW YORK, NY 10022

2. Candidate’s FEC Identification Number
   P80001571

3. Is This Statement (N) New or (A) Amended

4. Party Affiliation
   REPUBLICAN PARTY

5. Office Sought
   Presidential

6. State & District of Candidate
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DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).

   (a) Name of Committee (in full)
   DONALD J. TRUMP FOR PRESIDENT, INC.

   (b) Address (number and street)
   725 FIFTH AVENUE

   (c) City, State, and ZIP Code
   NEW YORK, NY 10022

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

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.

   (a) Name of Committee (in full)
   TRUMP VICTORY

   (b) Address (number and street)
   C/O RED CURVE SOLUTIONS
   138 CONANT STREET, 2ND FLOOR

   (c) City, State, and ZIP Code
   BEVERLY, MA 01915

   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
   DONALD J. TRUMP /, MICHAEL R. PENCE, .

   Date
   12/02/2019

   [Electronically Filed]

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

**TRUMP MAKE AMERICA GREAT AGAIN COMMITTEE**

(b) Address (number and street)

725 FIFTH AVENUE

(c) City, State, and ZIP Code

NEW YORK NY 10022

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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)

**GEORGIA TRUMP VICTORY**

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT STREET, 2ND FL

(c) City, State, and ZIP Code

BEVERLY MA 01915

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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

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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