FEC FORM 2 STATEMENT OF CANDIDACY

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FEC FORM 2 (REV. 02/2009)

			1003 APR 17 AM 9: 36
(a) Name of Candidate (in full)  "VAL" VALMA PAUL			LULU III II I
(b) Address (number and street) 104 Apple Avenue Suite 3 #222	☐ Check if address	changed	FEC Candidate Identification Number     00588541
(c) City, State, and ZIP Code DOTHAN, AL 36303-0002			3. Is This New Amended Statement (N) OR (A)
4. Party Affiliation REPUBLICAN	5. Office Sought PRESIDENT	6. State & Dist AL 02	rict of Candidate
DI	ESIGNATION OF PRIN	ICIPAL CAMPAIGN	N COMMITTEE
7. I hereby designate the following na	amed political committee as my	Principal Campaign Comn	nittee for the 2024 election(s)
NOTE: This designation should be	filed with the appropriate office	listed in the instructions.	(year of election)
(a) Name of Committee (in full)			
Committee to Elec	ct Ms. Val Paul	I for Preside	nt
(b) Address (number and street)			
104 Apple Ave Su	uite 3 #222		
(c) City, State, and ZIP Code	)		
Dothan, AL 36303	<b>3</b>		
	med committee, which is NOT r	Fundraising Representative my principal campaign com	
(a) Name of Committee (in full)	· · · · · · · · · · · · · · · · · · ·		
(b) Address (number and street)			
(c) City, State, and ZIP Code			
I certify that I have exa	mined this Statement and to th	e best of my knowledge a	nd belief it is true, correct and complete.
Signature of Candidate  A  A  A  A  A  A  A  A  A  A  A  A  A		Date	
		04-10-2023	
NOTE: Submission of false, erroneous	s, or incomplete information ma	y subject the person signir	ng this Statement to penalties of 52 U.S.C. §30109.
9-00068			FEC FORM 2 (REV 02/2006

FEC Form 2S (Revised 02/2017)

#### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	 of	

#### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8	reby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my didacy. 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				
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				
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				
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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PREPARER (3/2015)	DATE PREPARED