

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

RECEIVED

2012 JAN 31 AM 10:09

1. (a) Name of Candidate (in full) <i>Jefferson Lee Byrd</i>		FEC MAIL CENTER	
(b) Address (number and street) <i>3209 State Hwy 278</i>		2. Candidate's FEC Identification Number	
(c) City, State, and ZIP Code <i>Tucumcari, NM 88401</i>		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <i>Republican</i>	5. Office Sought <i>Representative</i>	6. State & District of Candidate <i>New Mexico Dist. 3</i>	

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) <i>Jefferson L. Byrd For Congress</i>	
(b) Address (number and street) <i>3209 State Hwy 278</i>	
(c) City, State, and ZIP Code <i>Tucumcari, NM 88401</i>	

**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 <i>Jefferson L. Byrd</i>	Date <i>12/21/11</i>
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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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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*Amo*

PREPARER  
(3/2005)

*1/31/12*

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