

Image# 202404179633441824

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TRUMP, DONALD, J., ,			2. Candidate's FEC Identification Number P80001571	
(b) Address (number and street) P.O. BOX 13570		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ARLINGTON VA 22219		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Presidential	6. State & District of Candidate 00		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) DONALD J. TRUMP FOR PRESIDENT 2024, INC.		
(b) Address (number and street) P.O. BOX 13570		
(c) City, State, and ZIP Code ARLINGTON VA 22219		

### 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) TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE		
(b) Address (number and street) P.O. BOX 13570		
(c) City, State, and ZIP Code ARLINGTON VA 22219		

*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 TRUMP, DONALD, J., ,	Date 04/17/2024
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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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

TRUMP BILIRAKIS VICTORY FUND

(b) Address (number and street)

PO BOX 606

(c) City, State, and ZIP Code

TARPON SPRINGS

FL

34688

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 47 COMMITTEE, INC.

(b) Address (number and street)

P.O. BOX 509

(c) City, State, and ZIP Code

ARLINGTON

VA

22216

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 NATIONAL COMMITTEE JFC, INC.

(b) Address (number and street)

P.O. BOX 509

(c) City, State, and ZIP Code

ARLINGTON

VA

22216

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