Image# 202411139719969824 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

	e of Candidate (in full)									
	ORD, MARK, , , ress (number and street)		heck if addre	se changed		2 Candida	ate's FEC Iden	tification N	lumbor	
	BOX 1428		neck ii addie	ss changed		H2MO		uncauon i	umber	
. , , , ,	State, and ZIP Code		MC	6408	2	3. Is This			X (A)	ed
4. Party Af	YMORE	E Office Source	MC	0406	6. State & Dis	Staten	( )	OR	(A)	
	BLICAN PARTY	5. Office Soug House	Jiit		MO	04	uate			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)									
NOTE:	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
(a) Nam	e of Committee (in full)									
M	MARK ALFORD FOR CONGRESS, INC.									
(b) Addr	ess (number and street)									
PO	BOX 1428									
(c) City,	State, and ZIP Code									
R/	AYMORE				MO	64083	3			
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:	Γhis designation should be	filed with the pr	incipal campa	ign committe	ee.					
(a) Nam	e of Committee (in full)									
MISSOURI TRUTH PAC										
	ess (number and street) METRO PLACE N									
	TE 525									
	State, and ZIP Code				011	40047				
ЪО	BLIN				ОН	43017				
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					
ALFORD,	MARK, , ,					11/13/20	24			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **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)  FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST							
	(b) Address (number and street)							
	PO BOX 30844							
	(c) City, State, and ZIP Code							
	BETHESDA	MD	20824					
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign							
	(a) Name of Committee (in full)							
	(a) rame of commutee (in rail)							
	(b) Address (number and street)							
	(a) hadrood (hambol and olicot)							
	(c) City, State, and ZIP Code							
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8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaignation.		mmittee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	(-),							
	(b) Address (number and street)							
	(b) Address (Hamber and street)							
	(c) City, State, and ZIP Code							
	(b) Oity, Otato, and Zir Gode							
0	I have by outboxize the fallowing named committee which is NOT my principal	l compoint co	mmittee to receive and expend funds on behalf of my					
ο.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaignation.		minilitiee, to receive and expend funds on behalf of my					
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							