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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Buchser-Lochocki, Susan, , ,							
	(b) Address (number and street) 547 Henderson Hollow	ÆC	heck if addre	ss changed		2. Candidate's FEC Ident P00014357	ification Number	
	(c) City, State, and ZIP Code					3. Is This New		
	Core		W۱	/ 2654	1	Statement (N)	OR × (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dis	trict of Candidate		
	REPUBLICAN PARTY	President	ial			00		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
FRIENDS OF SUSAN BUCHSER LOCHOCKI FOR PRESIDENT OF THE USA								
	(b) Address (number and street)							
	375 SOUTH END AVENUE							
	28-L							
	(c) City, State, and ZIP Code							
	NEW YORK CITY				NY	10280		
(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								
		mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct a	and complete.	
Signature of Candidate					Date			
Buchser-Lochocki, Susan, Maude, ,					08/21/2023			
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)