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# FEC FORM 2

## STATEMENT OF CANDIDACY

|                                                                 |  |                                                                                                          |
|-----------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Smith, Robert, Wendell, , |  |                                                                                                          |
| (b) Address (number and street)<br>5149 Doswell Town Rd         |  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>Meherrin VA 23954              |  | 2. Candidate's FEC Identification Number<br>P40013211                                                    |
| 4. Party Affiliation<br>INDEPENDENT                             |  | 5. Office Sought<br>Presidential                                                                         |
| 6. State & District of Candidate<br>00                          |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |

### 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)<br>Smith for president "let's help America heal" |  |  |
| (b) Address (number and street)<br>5149 Doswell Town Rd                          |  |  |
| (c) City, State, and ZIP Code<br>Meherrin VA 23954                               |  |  |

### 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<br>Smith, Robert, , ,<br><br>[Electronically Filed] | Date<br>05/29/2023 |
|----------------------------------------------------------------------------|--------------------|

**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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