## PAGE 1 / 1

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  |                            |              |             |                   |   |                 |  |
|---|--|----------------------------|--------------|-------------|-------------------|---|-----------------|--|
|   | Razzoli, Mark, , ,  (b) Address (number and street)  | ☐ Check if address changed |              |             |                   | 2 Candidate's EEC Identification Number             |                 |  |
|   | 11 Bruce St  | ☐ Check if address changed |              |             |                   | Candidate's FEC Identification Number     H0NJ12204 |                 |  |
|   | (c) City, State, and ZIP Code  |                            |              |             |                   | 3. Is This  | ew Amended      |  |
|   | Old Bridge   |                            | NJ           | 0885        | 7                 | Statement X (N                                      | N) OR (A)       |  |
| 4.  | Party Affiliation  | 5. Office Soug             | ht           |             |                   | rict of Candidate                                   |                 |  |
|   | REPUBLICAN PARTY   | House                      |              |             | NJ                | 12  |                 |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                            |              |             |                   |   |                 |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)  MARK RAZZOLI FOR CONGRESS  |  |                            |              |             |                   |   |                 |  |
|   | (b) Address (number and street)<br>233 CEDAR ISLAND DR   |                            |              |             |                   |   |                 |  |
|   | (c) City, State, and ZIP Code  |                            |              |             |                   |   |                 |  |
|   | BRICK  |                            |              |             | NJ                | 08723   |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
|   | DE   | SIGNATIO                   | N OF OTI     | HFR AU      | THORIZED          | COMMITTEES  |                 |  |
| 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)   |  |                            |              |             |                   |   |                 |  |
| (b) Addition (namber and street)  |  |                            |              |             |                   |   |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
| (c) City, State, and ZIP Code   |  |                            |              |             |                   |   |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
|   |  |                            |              |             | ,                 |   |                 |  |
|   |  | mıned this Stat            | ement and to | the best of | my knowledge a    | and belief it is true, correct                      | t and complete. |  |
|   | gnature of Candidate   |                            |              |             |                   | Date  |                 |  |
| Ra  | azzoli, Mark, , ,  |                            |              | [Elec       | tronically Filed] | 10/11/2019  |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |  |                            |              |             |                   |   |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
|   |  |                            |              |             |                   |   |                 |  |
| l   |  |                            |              |             |                   |   |                 |  |

FEC FORM 2 (REV. 02/2009)