## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1.   | (a) Name of Candidate (in full)  |                            |               |               |                    |   |                 |            |                      |      |  |
|--|--|----------------------------|---------------|---------------|--------------------|---|-----------------|------------|----------------------|------|--|
|  | Lombardo, Mark, , ,  |                            |               |               |                    |   |                 |            |                      |      |  |
|  | (b) Address (number and street)<br>38 S Blue Angel Pkwy #221   | □ Check if address changed |               |               |                    | 2. Candidate's FEC Identification Number<br>H2FL01282 |                 |            |                      |      |  |
|  | (c) City, State, and ZIP Code  |                            |               |               |                    | 3. Is This  |                 | ew         | Amended              |      |  |
|  | Pensacola  | FL 32506                   |               |               |                    | Staten  |                 | N) OR      | (A)                  |      |  |
| 4.   | Party Affiliation  | 5. Office Soug             | ht            |               | 6. State & Dist    |   | date            |            |                      |      |  |
|  | REPUBLICAN PARTY   | House                      |               |               | FL                 | 01  |                 |            |                      |      |  |
|  | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |                            |               |               |                    |   |                 |            |                      |      |  |
| 7.   | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> 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 Lombardo for Congress   |  |                            |               |               |                    |   |                 |            |                      |      |  |
|  | (b) Address (number and street)<br>38 S Blue Angel Pkwy #221   |                            |               |               |                    |   |                 |            |                      |      |  |
|  | (c) City, State, and ZIP Code  |                            |               |               |                    |   |                 |            |                      |      |  |
|  | Pensacola  |                            |               |               | FL                 | 32506   | 6               |            |                      |      |  |
| <ul> <li>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.</li> <li>NOTE: This designation should be filed with the principal campaign committee.</li> <li>(a) Name of Committee (in full)</li> <li>(b) Address (number and street)</li> </ul> |  |                            |               |               |                    |   |                 |            |                      |      |  |
|  | (c) City, State, and ZIP Code  |                            |               |               |                    |   |                 |            |                      |      |  |
| _  | I certify that I have exa  | mined this Sta             | tement and to | o the best of | my knowledge a     | and belief it is                                      | s true, correct | t and comp | ete.                 |      |  |
| Si   | gnature of Candidate   | Date                       |               |               |                    |   |                 |            |                      |      |  |
| Lombardo, Mark, , ,  |  |                            |               | [Eleo         | etronically Filed] | 06/16/2022  |                 |            |                      |      |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.  |  |                            |               |               |                    |   |                 |            |                      |      |  |
|  |  |                            |               |               |                    |   |                 |            |                      |      |  |
|  |  |                            |               |               |                    |   |                 |            |                      |      |  |
| L  |  | 1                          |               | 1             | 1                  |   | 1               | L)<br>FE   | C FORM 2 (REV. 02/20 | )09) |  |