# FEC FORM 2

## STATEMENT OF CANDIDACY

1. **(a) Name of Candidate (in full)**
   - TRUMP, DONALD, J., ,

   **(b) Address (number and street)**
   - P.O. BOX 13570

   **(c) City, State, and ZIP Code**
   - ARLINGTON, VA 22219

2. **Candidate’s FEC Identification Number**
   - P80001571

3. **Is This Statement New (N) OR Amended (A)**
   - Amended (A)

4. **Party Affiliation**
   - REPUBLICAN PARTY

5. **Office Sought**
   - Presidential

6. **State & District of Candidate**
   - 00

## DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).

   **NOTE:** This designation should be filed with the appropriate office listed in the instructions.

   **(a) Name of Committee (in full)**
   - DONALD J. TRUMP FOR PRESIDENT 2024, INC.

   **(b) Address (number and street)**
   - P.O. BOX 13570

   **(c) City, State, and ZIP Code**
   - ARLINGTON, VA 22219

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

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)**
   - TRUMP SAVE AMERICA JOINT FUNDRAISING COMMITTEE

   **(b) Address (number and street)**
   - P.O. BOX 13570

   **(c) City, State, and ZIP Code**
   - ARLINGTON, VA 22219

   *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**
   - TRUMP, DONALD, J., ,

   **Date**
   - 12/11/2023

   **NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.
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)

TRUMP BILIRAKIS VICTORY FUND

(b) Address (number and street)

PO BOX 606

(c) City, State, and ZIP Code

TARPON SPRINGS FL 34688