

Image# 201812149143520983

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROBY, MARTHA, , ,		2. Candidate's FEC Identification Number HOAL02087
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3260 BANKHEAD AVE		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code MONTGOMERY AL 36106-2448		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate AL 02

### 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) MARTHA ROBY FOR CONGRESS		
(b) Address (number and street) PO BOX 195		
(c) City, State, and ZIP Code MONTGOMERY AL 36101		

### 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) TEAM ROBY VICTORY FUND		
(b) Address (number and street) 824 S MILLEDGE AVE STE 101		
(c) City, State, and ZIP Code ATHENS GA 30605		

*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 Roby, Martha, , ,  <i>[Electronically Filed]</i>	Date 12/14/2018
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**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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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)

WINNING WOMEN VICTORY 2018

(b) Address (number and street)

228 S. WASHINGTON ST.  
STE.115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

PRIMARY PATRIOT DAY 2018

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

WINNING WOMEN RESTORING AMERICA

(b) Address (number and street)

228 S. WASHINGTON ST.  
STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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