

FEC FORM 2  
STATEMENT OF CANDIDACY

|                                                                                           |                                  |                                                                                                          |
|-------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>FRENCH, SONJA, MICHELE, , / MARTIN, MARK, STEVEN, , |                                  |                                                                                                          |
| (b) Address (number and street)<br>P.O. BOX 39182                                         |                                  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>NINILCHIK AK 99639                                       |                                  | 2. Candidate's FEC Identification Number<br>P40021503                                                    |
| 4. Party Affiliation<br>NPA                                                               | 5. Office Sought<br>Presidential | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 6. State & District of Candidate<br>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).  
(year of election)

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

|                                                                                   |  |  |
|-----------------------------------------------------------------------------------|--|--|
| (a) Name of Committee (in full)<br>COMMITTEE TO ELECT SONJA FRENCH PRESIDENT 2024 |  |  |
| (b) Address (number and street)<br>250 PALM COAST PKWY NE<br>STE 607-316          |  |  |
| (c) City, State, and ZIP Code<br>PALM COAST FL 32137                              |  |  |

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>FRENCH, SONJA, MICHELE, , | Date<br>09/17/2024 |
|-----------------------------------------------------|--------------------|

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

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|