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FEC FORM 2

STATEMENT OF CANDIDACY

| | ne of Candidate (in full) | | | | | | | | | |
|--|---|----------------------|----------------------------|---------------|------------------|------------------------|--|-------------|--------------|--|
| | AHAM, MARK, Blair, , Iress (number and street) | ПО | le if oddur - | o oboz z z -1 | | 2 Condidate!- F | | otion Nu | 201 | |
| | 100 Nw Bridlewood Dr | □Cnec | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number P80003544 | | | |
| , , | , State, and ZIP Code | | | | | 3. Is This | New | [| Amended | |
| | eechobee | FL 34974 | | | | Statement | (N) | OR | x (A) | |
| 4. Party A | ffiliation | 5. Office Sought | | | 6. State & Dist | trict of Candidate | | | | |
| W | | Presidential | | | | 00 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) | | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| M | ne of Committee (in full) ARK B GRAHAM | FOR PRES | IDENT | 2016 | | | | | | |
| ` ' | lress (number and street) 400 NW BRIDLEWOOD DI | २ | | | | | | | | |
| (c) City | , State, and ZIP Code | | | | | | | | | |
| | KEECHOBEE | | | | FL | 34974 | | | | |
| | RELOTIOBEE | | | | | 0.0 | | | | |
| 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 to | iled with the princi | oal campai | gn committe | ee. | | | | | |
| (a) Nan | ne of Committee (in full) | | | | | | | | | |
| , , | , , | | | | | | | | | |
| | | | | | | | | | | |
| (b) Add | Iress (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| (c) City | , State, and ZIP Code | | | | | | | | | |
| (-) | ,, | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | mined this Statem | ent and to | the best of | my knowledge a | and belief it is true, | correct and | l complete. | | |
| Signature | of Candidate | | | | | Date | | | | |
| Graham, Mark, Blair, , | | | | [Elect | ronically Filed] | 04/24/2018 | | | | |
| NOTE: Su | bmission of false, erroneous | , or incomplete info | ormation ma | ay subject t | he person signir | ng this Statement t | to penalties | of 2 U.S.C. | §437g. | |
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FEC FORM 2 (REV. 02/2009)