

Image# 202004019216573602

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROSE, JOHN, W., ,			2. Candidate's FEC Identification Number H8TN06094	
(b) Address (number and street) PO BOX 2404		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code COOKEVILLE TN 38502		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TN 06		

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) JOHN ROSE FOR TENNESSEE		
(b) Address (number and street) PO BOX 2404		
(c) City, State, and ZIP Code COOKEVILLE TN 38502		

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) John Rose Victory Fund		
(b) Address (number and street) PO Box 2404		
(c) City, State, and ZIP Code Cookeville TN 38502		

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 ROSE, JOHN, W., , <i>[Electronically Filed]</i>	Date 04/01/2020
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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)

GOOD GOVERNING REPUBLICANS STANDING TOGETHER

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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

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)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code