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PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) BURCHETT, TIM, , ,		
(b) Address (number and street) PO BOX 51345		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code KNOXVILLE TN 37950		2. Candidate's FEC Identification Number H8TN02119
4. Party Affiliation Rep		5. Office Sought House
6. State & District of Candidate TN 02		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) BURCHETT FOR CONGRESS		
(b) Address (number and street) PO BOX 51345		
(c) City, State, and ZIP Code KNOXVILLE TN 37950		

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) FRIENDS OF BURCHETT		
(b) Address (number and street) 95 WHITE BRIDGE RD SUITE 207		
(c) City, State, and ZIP Code NASHVILLE TN 37205		

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 Burchett, Tim, , ,	Date 02/04/2025
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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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