

FEC FORM 2  
STATEMENT OF CANDIDACY

|                                                                |  |                                                                                                          |
|----------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Adams, Scott, Cecil, Mr, |  |                                                                                                          |
| (b) Address (number and street)<br>324 15th st                 |  | <input type="checkbox"/> Check if address changed                                                        |
| (c) City, State, and ZIP Code<br>Otsego MI 49078               |  | 2. Candidate's FEC Identification Number<br>H4MI02120                                                    |
| 4. Party Affiliation<br>Ust                                    |  | 5. Office Sought<br>House                                                                                |
| 6. State & District of Candidate<br>MI 02                      |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input 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 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 Scott Adams |  |  |
| (b) Address (number and street)<br>324 15th st                    |  |  |
| (c) City, State, and ZIP Code<br>Otsego MI 49078                  |  |  |

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>Adams, Scott, Cecil, Mr, | Date<br>07/28/2024 |
|----------------------------------------------------|--------------------|

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

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