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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Bowman, Bruce, A, Dr.,		1 17 11			10.0 11111 == 0.11	er e Ni i	
	(b) Address (number and street) 2110 Scenic Drive	☐ Check if address changed				Candidate's FEC Identification Number     H4MO03270		
	(c) City, State, and ZIP Code						lew Amended	
	Jefferson City		MC	6510		,	N) OR (A)	
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sough House	nt		6. State & Dis	trict of Candidate 03		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Bowman For US House								
	(b) Address (number and street)							
	2110 Scenic Drive							
	(c) City, State, and ZIP Code							
	Jefferson City				MO	65101		
(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 exa	mined this State	ement and to	the best of	my knowledge a	and belief it is true, correc	t and complete.	
Signature of Candidate						Date		
Bowman, Bruce, A, Dr.,					04/08/2024			
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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FEC FORM 2 (REV. 02/2009)