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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Harrison, Thomas, Samuel, , I'										
	(b) Address (number and street) ☐ Check if address changed 15011 Forsythe Rd					Candidate's FEC Identification Number     H8OR03102					
	(c) City, State, and ZIP Code				3. Is This	New			Amended		
	Oregon City	5	Statement	<b>x</b> (N)	OR	ш	(A)				
4.	Party Affiliation	5. Office Soug	jht			rict of Candidate					
	REPUBLICAN PARTY	House			OR	03					
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.										
	(a) Name of Committee (in full)										
Tom Harrison for Congress											
	(b) Address (number and street) 15011 Forsythe Rd										
	(c) City, State, and ZIP Code										
	Oregon City				OR	97045					
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 Tom Har	rison									
	(b) Address (number and street) 15011 Forsythe Rd										
	(c) City, State, and ZIP Code									,	
	Oregon City				OR	97045					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	gnature of Candidate					Date					
H	arrison, Thomas, Samuel, , IV			[Elec	tronically Filed]	07/26/2019					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)