Image# 202406239652486150 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.												
	(a) Name of Candidate (in full)											
	Brooksbank, Russell, , ,		and if and due			2 Candidata	o EEC Idoosii	ilantina N	li ima la a u			
	(b) Address (number and street) 320 Clyde Ave	320 Clyde Ave					Candidate's FEC Identification Number H4IN09171					
	(c) City, State, and ZIP Code					3. Is This	New			Amended		
	Clarksville		IN	4712		Statemer	()	OR	ш	(A)		
4.	Party Affiliation	5. Office Sough	nt			rict of Candidate	е					
	LIBERTARIAN	House			IN	09						
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIG	и сомміт	ΓΕΕ					
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 f	iled with the app	oropriate offic	e listed in tl	ne instructions.							
	(a) Name of Committee (in full)											
	Brooksbank for Con	gress										
	(b) Address (number and street)											
	320 Clyde Ave											
	(c) City, State, and ZIP Code											
	Clarksville				IN	47129						
	DE	SIGNATION			THORIZED g Representativ		EES					
		·	-			·						
8.	I hereby authorize the following nan candidacy.	ied committee,	which is NOT	my princip	al campaign cor	nmittee, to rece	ive and expe	nd funds	on beh	alf of my		
	NOTE: This designation should be f	iled with the prir	ncipal campai	gn committe	ee.							
	(a) Name of Committee (in full)											
	(1) A 11 (1)											
	(b) Address (number and street)											
	(b) Address (number and street)											
	(b) Address (number and street) (c) City, State, and ZIP Code											
	(c) City, State, and ZIP Code I certify that I have example 1.	mined this State	ement and to	the best of	my knowledge a	and belief it is tru	ue, correct ar	nd compl	ete.			
Si	(c) City, State, and ZIP Code	mined this State	ement and to	the best of	my knowledge a	and belief it is tru	ue, correct ar	nd compl	ete.			
	(c) City, State, and ZIP Code I certify that I have example 1.	mined this State	ement and to	the best of	my knowledge a		ue, correct ar	nd compl	ete.			
	(c) City, State, and ZIP Code I certify that I have exaignature of Candidate	mined this State	ement and to	the best of	my knowledge a	Date	ue, correct ar	nd compl	ete.			
В	(c) City, State, and ZIP Code I certify that I have exaignature of Candidate					Date 06/23/2024				7g.		
В	(c) City, State, and ZIP Code I certify that I have exalignature of Candidate Brooksbank, Russell, Paul, ,					Date 06/23/2024				7g.		
В	(c) City, State, and ZIP Code I certify that I have exalignature of Candidate Brooksbank, Russell, Paul, ,					Date 06/23/2024				7g.		

FEC FORM 2 (REV. 02/2009)