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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smith, Thomas, James, Mr,			2. Candidate's FEC Identification Number H6MI08312	
(b) Address (number and street) 1914 Miller Rd		☐ Check if address changed		
(c) City, State, and ZIP Code Flint MI 48503		3. Is This Statement ☐ New (N) OR ☒ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MI 08		

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) TOM SMITH FOR CONGRESS		
(b) Address (number and street) 12745 S SAGINAW ROAD #806-114		
(c) City, State, and ZIP Code GRAND BLANC MI 48439		

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) MI-08 REPUBLICAN NOMINEE FUND 2026		
(b) Address (number and street) 421 OFFICE PARK DR		
(c) City, State, and ZIP Code MOUNTAIN BROOK AL 35223		

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 Smith, Thomas, James, Mr,	Date 08/20/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

TOM SMITH FOR CONGRESS-GTM NOMINEE FUND: MI-08

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

TOM SMITH FOR CONGRESS - EMB NOMINEE FUND MI-08

(b) Address (number and street)

824 S. MILLEDGE AVE. STE. 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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

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