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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Campbell, Thomas, Scott, ,		f = -1-1-	h		10.0	N 1-1 410 11	Ni	
	(b) Address (number and street) 1637 Winslow Court	☐ Check if address changed				Candidate's FEC Identification Number H4ND01051			
	(c) City, State, and ZIP Code					3. Is This	New	Amended	
	West Fargo		ND	58078	3	Statement	(N) OR	(A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate			
	REPUBLICAN PARTY	House			ND	01			
	DE	SIGNATION O	F PRINC	CIPAL	CAMPAIGN	N COMMITTEE			
7.	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)								
	TOMCAMPBELLFO	RND							
	(b) Address (number and street)								
	1637 WINSLOW CT								
	(c) City, State, and ZIP Code								
	WEST FARGO				ND	58078			
_									
	DE	SIGNATION	E OTUE	D A I I I	TUODIZED	COMMITTEES			
	DE				g Representativ				
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my									
8.	candidacy.	ned committee, which	IS NOT M	/ principa	ai campaign con	nmittee, to receive ar	ia expena tun	ds on behalt of my	
	NOTE: This designation should be f	iled with the principal	campaign	committe	ee.				
(a) Name of Committee (in full)									
	,								
	(b) Address (number and street)								
_	(c) City, State, and ZIP Code								
	(c) City, State, and Zir Code								
	I contifue that I have ave	mined this Statemen	4 0 0 0 40 40 0	boot of		and haliaf it is true as	*** of ondoor	plata	
	I certify that I have exa	minea inis Statemen	t and to the	best of f	ny knowiedge a	ina bellet it is true, co	rrect and com	piete. 	
Si	gnature of Candidate	Date							
C	ampbell, Thomas, Scott, ,	02/21/2024							
						ı			
NO	OTE: Submission of false, erroneous,	or incomplete inform	nation may	subject th	ne person signir	ng this Statement to p	enalties of 2	J.S.C. §437g.	
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NO	DTE: Submission of false, erroneous,	or incomplete inform	nation may	subject th	ne person signir	ng this Statement to p	penalties of 2 l	J.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)