## FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)				
MCCLINTOCK, THOMAS, , ,         (b) Address (number and street)         2200B DOUGLAS BLVD. #130		2. Candidate's FEC Identification Number H8CA04152		
(c) City, State, and ZIP Code			3. Is This New Amended	
ROSEVILLE	CA 95661		Statement (N) OR X (A)	
4. Party Affiliation	5. Office Sought	6. State & Distr CA	rict of Candidate 05	
REPUBLICAN PARTY	House	CA	05	
DE	SIGNATION OF PRINCIPA			
7. I hereby designate the following nar	ned political committee as my Princip	al Campaign Comm	nittee for the 2022 election(s). (year of election)	
NOTE: This designation should be f	iled with the appropriate office listed i	n the instructions.		
(a) Name of Committee (in full) MCCLINTOCK FOF	CONGRESS			
(b) Address (number and street) 9458 TREELAKE RD.				
(c) City, State, and ZIP Code				
GRANITE BAY		CA	95746	
<ol> <li>I hereby authorize the following nan candidacy.</li> </ol>	(Including Joint Fundrai		es) nmittee, to receive and expend funds on behalf of my	
<b>NOTE:</b> This designation should be f	iled with the principal campaign comr	nittee.		
(a) Name of Committee (in full) TAKE BACK THE H	OUSE 2022			
(b) Address (number and street) P.O. BOX 30844				
(c) City, State, and ZIP Code				
BETHESDA		MD	20824	
I certify that I have exa	mined this Statement and to the best	of my knowledge a	nd belief it is true, correct and complete.	
Signature of Candidate			Date ·	
MCCLINTOCK, THOMAS, , ,	[E	lectronically Filed]	01/11/2022	
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)

Image# 202201119474961498

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## 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)						
TAKING OUR MAJORITY PAC						
(b) Address (number and street) 9458 TREELAKE RD.						
(c) City, State, and ZIP Code						
GRANITE BAY	CA	95746				

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.

(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 Committe	e (in full)
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(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