FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1/8

| 1. (a) Name of Candidate (in full) | | | | | |
|--|--------------------------------|-----------------|------------------|---|---------------------------|
| Barrett, Thomas, More, , | | | | | |
| (b) Address (number and street) PO Box 15221 | □ Check if addre | ss changed | | 2. Candidate's FEC Identific H2MI07123 | ation Number |
| (c) City, State, and ZIP Code | | | | 3. Is This New | Amended |
| Lansing | MI | 4890 | | Statement (N) | OR X (A) |
| 4. Party Affiliation REPUBLICAN PARTY | 5. Office Sought House | | 6. State & Dist | rict of Candidate 07 | |
| | SIGNATION OF PR | | | | |
| 7. I hereby designate the following nar | ned political committee as m | y Principal (| Campaign Comr | nittee for the 2024 (year of election | _ election(s). |
| NOTE: This designation should be f | iled with the appropriate offi | ce listed in th | ne instructions. | (year or election |) |
| (a) Name of Committee (in full) | | | | | |
| TOM BARRETT FO | R CONGRESS | | | | |
| (b) Address (number and street) PO BOX 15221 | | | | | |
| (c) City, State, and ZIP Code | | | | | |
| LANSING | | | МІ | 48901 | |
| I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) | | | | nmittee, to receive and expend | d funds on behalf of my |
| | | | | | |
| | | | | | |
| (b) Address (number and street) | | | | | |
| 824 S MILLEDGE AVE STE 1 | 01 | | | | |
| (c) City, State, and ZIP Code | | | | | |
| ATHENS | | | GA | 30605 | |
| l certify that I have exa | mined this Statement and to | the best of | my knowledge a | and belief it is true, correct and | complete. |
| Signature of Candidate | | | | Date | |
| Barrett, Thomas, More, , | | | | 06/25/2024 | |
| NOTE: Submission of false, erroneous, | or incomplete information n | nay subject t | he person signir | ng this Statement to penalties | of 2 U.S.C. §437g. |
| | | | | | |
| | | | | | |
| | | | | | FEC FORM 2 (REV. 02/2009) |

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.

| MD | 20824 | |
|----|-------|----------|
| | MD | MD 20824 |

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) | | |
|---|----|-------|
| BARRETT BRIGADE VICTORY FUND | | |
| (b) Address (number and street) PO BOX 15221 | | |
| (c) City, State, and ZIP Code LANSING | МІ | 48901 |

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) | | |
|---|----|-------|
| Barrett for MI-07 | | |
| (b) Address (number and street) PO BOX 30844 | | |
| (c) City, State, and ZIP Code BETHESDA | MD | 20824 |

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)

Take Back the House 2022

(b) Address (number and street) PO BOX 30844

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202406259652493553

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) | | |
|---|---|--|
| BARRETT BRIGADE VICTORY FL | JND | |
| (b) Address (number and street) | | |
| PO BOX 15221 | | |
| (c) City, State, and ZIP Code | | |
| LANSING | MI | 48901 |
| I hereby authorize the following named committee, whic candidacy. NOTE: This designation should be filed with | , | mmittee, to receive and expend funds on behalf of my |
| (a) Name of Committee (in full) | | |
| NRCC MICHIGAN VICTORY | | |
| (b) Address (number and street) | | |

| 320 1ST STREET, SE | |
|-------------------------------|--|
| (a) City State and ZIP Code | |
| (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.

DC

20003

| (a) Name of Committee (in full) | | |
|---------------------------------|----|-------|
| Barrett-Gibbs Victory Committee | | |
| (b) Address (number and street) | | |
| 1060 Powers Place | | |
| (c) City, State, and ZIP Code | | |
| Alpharetta | GA | 30009 |

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)

WASHINGTON

Take Back the House 2022

| (b) Address (number and | street) |
|-------------------------|---------|
| PO BOX 30844 | |

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202406259652493554

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) | | |
|---|---|--|
| BARRETT BRIGADE VICTORY FL | JND | |
| (b) Address (number and street) | | |
| PO BOX 15221 | | |
| (c) City, State, and ZIP Code | | |
| LANSING | MI | 48901 |
| I hereby authorize the following named committee, whic candidacy. NOTE: This designation should be filed with | , | mmittee, to receive and expend funds on behalf of my |
| (a) Name of Committee (in full) | | |
| NRCC MICHIGAN VICTORY | | |
| (b) Address (number and street) | | |

| 320 1ST STREET, SE | |
|-------------------------------|--|
| | |
| (c) City, State, and ZIP Code | |

DC 20003

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.

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)

WASHINGTON

Take Back the House 2022

(b) Address (number and street) PO BOX 30844

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202406259652493555

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.

| BARRETT BRIGADE VICTORY FUND (b) Address (number and street) PO BOX 15221 (c) City, State, and ZIP Code | |
|---|-----------|
| PO BOX 15221 | |
| | |
| (c) City, State, and ZIP Code | |
| | |
| LANSING MI 48901 | |
| I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on beh candidacy. NOTE: This designation should be filed with the principal campaign committee. | alf of my |
| (a) Name of Committee (in full) | |
| NRCC MICHIGAN VICTORY | |

| (b) Address (number and street) | | | |
|---------------------------------|----|-------|--|
| 320 1ST STREET, SE | | | |
| | | | |
| (c) City, State, and ZIP Code | | | |
| WASHINGTON | DC | 20003 | |

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.

| GA | 30009 |
|----|-------|
| | GA |

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) | | |
|--|----|-------|
| SCALISE LEADERSHIP FUND 2024 | | |
| (b) Address (number and street) 320 1ST ST SE | | |
| (c) City, State, and ZIP Code WASHINGTON | DC | 20003 |

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) | | | |
|---------------------------------|----|-------|--|
| GROW THE MAJORITY | | | |
| (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) | | |
|---------------------------------|----|-------|
| WAR VETERANS FUND 2024 | | |
| (b) Address (number and street) | | |
| PO BOX 26141 | | |
| (c) City, State, and ZIP Code | | |
| ALEXANDRIA | VA | 22313 |
| | | |

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) | | |
|---------------------------------|----|-------|
| Take Back the House 2022 | | |
| (b) Address (number and street) | | |
| PO BOX 30844 | | |
| | | |
| (c) City, State, and ZIP Code | | |
| Bethesda | MD | 20824 |
| | | |

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) | | |
|---|----|-------|
| BARRETT BRIGADE VICTORY FUND | | |
| (b) Address (number and street) PO BOX 15221 | | |
| (c) City, State, and ZIP Code LANSING | MI | 48901 |

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) | | | |
|---|----|-------|--|
| NRCC MICHIGAN VICTORY | | | |
| (b) Address (number and street) | | | |
| 320 1ST STREET, SE | | | |
| (c) City, State, and ZIP Code WASHINGTON | DC | 20003 | |

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) | | |
|---------------------------------|----|-------|
| Barrett-Gibbs Victory Committee | | |
| (b) Address (number and street) | | |
| 1060 Powers Place | | |
| (c) City, State, and ZIP Code | | |
| Alpharetta | GA | 30009 |
| | | |

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) | | |
|--|----|-------|
| SCALISE LEADERSHIP FUND 2024 | | |
| (b) Address (number and street) 320 1ST ST SE | | |
| (c) City, State, and ZIP Code | | |
| WASHINGTON | DC | 20003 |

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)

GROW THE MAJORITY

| (b) Address (number and street) | _ |
|---------------------------------|---|
| 228 S WASHINGTON ST STE 11 | 5 |

(c) City, State, and ZIP Code

ALEXANDRIA

22314

VA

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) | | | |
|---|----|-------|------|
| EMMER MAJORITY BUILDERS | | | |
| (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) | | | |
|---------------------------------|----|-------|--|
| WAR VETERANS FUND 2024 | | | |
| (b) Address (number and street) | | | |
| PO BOX 26141 | | | |
| (c) City, State, and ZIP Code | | | |
| ALEXANDRIA | VA | 22313 | |
| | | | |

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