FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Thomson-Esquer, Cody, , ,		
(b) Address (number and street) P.O. Box 75602	☐ Check if address changed	2. Candidate's FEC Identification Number P00016865
(c) City, State, and ZIP Code Kapolei HI 96707		3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)
4. Party Affiliation W	5. Office Sought Presidential	6. State & District of Candidate 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ____2020____ 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)
Thomson-Esquer for President, Common Sense Party

(b) Address (number and street)
P.O. Box 75602

(c) City, State, and ZIP Code

Kapolei   HI   96707

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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	Date
Thomson-Esquer, Cody, , , **[Electronically Filed]**	07/24/2020

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)

: 97 ˙A=G7 9 @@5 B9 CI G˙H9 L H˙F 9 @5 H9 8 ˙HC ˙5 ˙F 9 DCF H˙G7 < 9 8 I ˙@9 ˙CF ˙+H9 A=N5 H=CB

Form/Schedule: F2N
Transaction ID :

Cody Thomson-Esquer, Presidential Candidate 2020, Common Sense Party

Form/Schedule:
Transaction ID: