Image# 202407169661187612 PAGE 1 / 3

### FEC FORM 2

### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								_
	McDowell, Addison, , ,  (b) Address (number and street) PO Box 97275	□Che	eck if addres	ss changed		2. Candidate's FEC Idea	ntification Nu	mber	_
	(c) City, State, and ZIP Code Raleigh		NC	2762	4-7275		ew I) <b>OR</b>	Amended (A)	_
4.	Party Affiliation	5. Office Sough		2.02		rict of Candidate	., <b>o</b>	(* 9	_
	REPUBLICAN PARTY	House			NC	06			
	DE	SIGNATION	I OF PRI	NCIPAL	CAMPAIG	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)								_
	McDowell for Congre	ess							
	(b) Address (number and street)								_
	PO Box 97275								
	(c) City, State, and ZIP Code								_
	Raleigh				NC	27624			
8.	I hereby authorize the following nancandidacy.  NOTE: This designation should be f				, -	nmittee, to receive and ex	pend funds o	on behalf of my	
	NC STRONG BUCH	KHOUT, H	ARRIG <i>A</i>	AN, KNO	OTT, MCD	OWELL, MOOR	Ε		
	(b) Address (number and street) PO Box 97275								_
	(c) City, State, and ZIP Code								
	Raleigh				NC	27624-7275			
	I certify that I have exa	mined this State	ment and to	the best of	my knowledge a	and belief it is true, correct	and complet	e.	_
Signature of Candidate				Date			-		
M	CDowell, Addison, , ,					07/16/2024			
N	OTE: Submission of false, erroneous	or incomplete in	formation m	nay subject t	he person signir	ng this Statement to penal	ties of 2 U.S.	C. §437g.	_

FEC FORM 2 (REV. 02/2009)

#### : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2N Transaction ID:

Form/Schedule: Transaction ID:

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	$^3$ of $^3$	
Page	01	

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

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 n 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	ο.	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
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