

Image# 202411189719994639

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smith, Jason, T, ,		
(b) Address (number and street) 4570 S. Hwy 19		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Salem MO 65560-8910		2. Candidate's FEC Identification Number H4MO08162
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate MO 08		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) Jason Smith for Congress		
(b) Address (number and street) PO Box 1324		
(c) City, State, and ZIP Code Cape Girardeau MO 63702-1324		

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) Smith Victory		
(b) Address (number and street) 824 S Milledge Ave Ste 101		
(c) City, State, and ZIP Code Athens GA 30605		

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 Smith, Jason, T, ,	Date 11/18/2024
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: F2N
Transaction ID :

Form/Schedule:
Transaction ID: