FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)									
	Becker, Rick, , ,		f a al al a						Nixon 1	
	(b) Address (number and street) 1500 Interchange Ave Ste 100	nge Ave				2. Candidate's FEC Identification Number H4ND00053				
	(c) City, State, and ZIP Code					3. Is This		Vew		Amended
	Bismarck		ND	58501		Statem	nent X (N) OR		(A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	trict of Candic	late			
	REPUBLICAN PARTY	House			ND	00				
	DE	SIGNATION O	F PRINC		CAMPAIGI		TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election(s).									
	NOTE: This designation should be	filed with the appropri	ate office lis	sted in th	e instructions.					
	(a) Name of Committee (in full)									
	Friends of Rick Bec	ker								
	(b) Address (number and street)									
	1500 Interchange Ave									
	Ste 100									
	(c) City, State, and ZIP Code									
						50504				
	Bismarck				ND	58501				
8.	I hereby authorize the following nar candidacy.			/ principa	Il campaign cor	nmittee, to re	ceive and e	xpend fund	ds on beh	alf of my
	NOTE: This designation should be to (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code			committe	e.					
	(a) Name of Committee (in full)(b) Address (number and street)					and belief it is	true, correc	et and com,	plete.	
	 (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 					and belief it is	true, correc	et and com	plete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> gnature of Candidate					Date		et and com,	plete.	
	 (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code 							et and com,	plete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> gnature of Candidate					Date		et and com,	plete.	
B	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> gnature of Candidate	mined this Statemen	t and to the	best of n	ny knowledge a	Date 01/22/20	24			 37g.
B	 (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code <i>I certify that I have exa</i> gnature of Candidate ecker, Rick, , , 	mined this Statemen	t and to the	best of n	ny knowledge a	Date 01/22/20	24			 37g.
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