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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Theriault, Austin, Leo, ,		fl -l	-1		O Condidatela FFO Idantiff til No.
	(b) Address (number and street) PO Box 291	☐ Check i	r address	cnanged		Candidate's FEC Identification Number     H4ME02291
	(c) City, State, and ZIP Code					3. Is This New Amended
	Fort Kent		ME	04743		Statement X (N) OR (A)
4.	Party Affiliation	5. Office Sought				rict of Candidate
	REPUBLICAN PARTY	House			ME	02
	DE	SIGNATION O	F PRIN	CIPAL	CAMPAIGN	N COMMITTEE
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 f	iled with the appropri	ate office	listed in th	e instructions.	
	(a) Name of Committee (in full)					
	Theriault for Congre	SS				
	(b) Address (number and street)					
	PO Box 291					
	(c) City, State, and ZIP Code					
	Fort Kent				ME	04743
	DE				THORIZED  g Representative	COMMITTEES es)
8.	I hereby authorize the following name candidacy.	ned committee, which	is NOT m	ny principa	al campaign con	nmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	led with the principal	campaign	o committe	e.	
_	(a) Name of Committee (in full)					
	(b) Addross (number and street)					
	(b) Address (number and street)					
_	(c) City, State, and ZIP Code					
	·	mined this Statement	t and to th	e best of r	my knowledge a	nd belief it is true, correct and complete.
I certify that I have examined this Statement and to the best of my knowledge a Signature of Candidate					Date	
T		Theriault, Austin, Leo, ,				
	heriault, Austin, Leo, ,					09/25/2023
	heriault, Austin, Leo, ,					09/25/2023
_		or incomplete inform	nation may	subject th	ne person signir	09/25/2023  Ing this Statement to penalties of 2 U.S.C. §437g.
_		or incomplete inform	nation may	subject th	ne person signir	
_		or incomplete inform	nation may	subject th	ne person signir	

FEC FORM 2 (REV. 02/2009)