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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	SMITH, TIM, , , (b) Address (number and street)	□ Ob	k if address c	honaca		Candidate's FEC Identification Number	
	7025 OLD TRAIL RD PO BOX 9507	□ Chec	k ii address c	nanged		H4IN03232	
	(c) City, State, and ZIP Code				_	3. Is This New Amer	nded
	FORT WAYNE		IN	46809		Otatement (14) Oit	
4.	Party Affiliation	5. Office Sought			6. State & Distr	ict of Candidate	
_	REPUBLICAN PARTY	House			IIN	03	
	DE	SIGNATION	OF PRINC	CIPAL	CAMPAIGN	I 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 f	iled with the appro	priate office li	sted in th	e instructions.		
	(a) Name of Committee (in full) SMITH FOR CONG	RESS					
	(b) Address (number and street) 7025 OLD TRAIL RD PO BOX 9507						
	(c) City, State, and ZIP Code						
	FORT WAYNE				IN	46809	
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 f	iled with the princip	oal campaign	committe	e.		
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
_							
	(c) City, State, and ZIP Code						
	(c) City, State, and ZIP Code						
	I certify that I have exa	mined this Stateme	ent and to the	best of I	my knowledge al	nd belief it is true, correct and complete.	
Si		mined this Stateme	ent and to the	best of I	my knowledge al	nd belief it is true, correct and complete. Date	
	I certify that I have exa	mined this Stateme	ent and to the		my knowledge al		
SI	I certify that I have exa gnature of Candidate MITH, TIM, , ,			[Elect	ronically Filed]	Date	
SI	I certify that I have exa gnature of Candidate MITH, TIM, , ,			[Elect	ronically Filed]	Date 07/31/2023	

FEC FORM 2 (REV. 02/2009)