

Image# 202603069837906776

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McCracken, Patrick, Neal, Mr.,		2. Candidate's FEC Identification Number H6MT02176	
(b) Address (number and street) 31 Waving Grass Way		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Columbia Falls MT 59912		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation LIBERTARIAN	5. Office Sought House	6. State & District of Candidate MT 02	

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) McCracken for Montana	
(b) Address (number and street) 31 Waving Grass Way	
(c) City, State, and ZIP Code Columbia Falls MT 59912	

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 McCracken, Patrick, , ,	Date 03/06/2026
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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