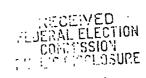
## FEC FORM 2 STATEMENT OF CANDIDACY



1. (a) Name of Candidate (in full)	Thompson				2000 /	ו מת	) A 10	n9
Jefferson Rowe (b) Address (number and street)	☐ Check if address changed		2. Identifi	ication I	/IIIII F	IPH IC	, , , , ,	
1708 Wales Lan		ļ	2. 10611011	ication i	<b>TUITIDEI</b>			
(c) City, State, and ZIP Code			3. Is Th	his	Nev	v	Am	ended
<b>Bossier City, LA</b>					N (N)	OR	(A)	
I. Party Affiliation  Republican	5. Office Sought House of Reps.	6. State & Distri	ict of Cand	didate				
•	ESIGNATION OF PRINCIPAL amed political committee as my Principal (					-141	(-)	
. I nereby designate the following h	amed political committee as my Principal C	Campaign Comm	intee for th		r of electi	electi on)	on(s).	
NOTE: This designation should be	e filed with the appropriate office listed in t	he instructions.		-		•	•	
(a) Name of Committee (in full)								
Jeff Thompson fo	or Congress							
(b) Address (number and street)							····	
2250 Hospital Dr	ive Suite 200							
(c) City, State, and ZIP Code							<del></del>	
,, -						•		
Bossier City, LA 7	/1111							
D	ESIGNATION OF OTHER AU			ITTEE	:5			
I hereby authorize the following n	Including Joint Fundraisin)  amed committee, which is NOT my adapting		•	racalva	and over	and funds	on bohalf	of move
•	emed committee, which is NOT my princip		•	receive	and exp	end funds	on behalf	of my
candidacy.	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf (	of my
candidacy.	• =	oat campaign com	•	receive	and exp	end funds	on behalf (	of my
candidacy.	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf (	of my
candidacy.  NOTE: This designation should be	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)	amed committee, which is NOT my princip	oat campaign com	•	receive	and expo	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be (a) Name of Committee (in full)	amed committee, which is NOT my princip	oat campaign com	•	receive	and exp	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)	amed committee, which is NOT my princip	oat campaign com	•	receive	and expe	end funds	on behalf o	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	amed committee, which is NOT my princip	al campaign com	mittee, to			•		of my
candidacy.  NOTE: This designation should be (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	emed committee, which is NOT my princip	lee.	mittee, to			•		of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	e filed with the principal campaign committed with the principal campaign committed.  OF INTENT TO EXPEND PER a exceeding the threshold amount (see 11)	RSONAL FU	NDS (H	louse	or Se	nate O		of my
candidacy.  NOTE: This designation should be (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	of INTENT TO EXPEND PER exceeding the threshold amount (see 11	RSONAL FU C.F.R. 400.9) by	NDS (H	louse		nate O		of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	of INTENT TO EXPEND PER exceeding the threshold amount (see 11	RSONAL FU C.F.R. 400.9) by	NDS (H	louse	or Se	nate O		of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  3. 1 intend to expend personal funds	e filed with the principal campaign committed with the principal campaign committed of the principal campaign campaign committed of the principal campaign c	RSONAL FU C.F.R. 400.9) by 0,00	NDS (H	louse primary general	or Se	nate O	enly)	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  1 intend to expend personal funds  If you do not intend to expend personal person	OF INTENT TO EXPEND PER sexceeding the threshold amount (see 11 9A 9B per sexceeding the threshold amount (see 11 per sexceeding the threshold amount (see 12 per sexceeding the threshold amount (see	RSONAL FU C.F.R. 400.9) by  0,00	NDS (H for the for the	primary general must er	election.	nate C	P <b>nly)</b>	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  1 intend to expend personal funds  If you do not intend to expend personal funds	e filed with the principal campaign committed with the principal campaign committed of the principal campaign campaign committed of the principal campaign c	RSONAL FU C.F.R. 400.9) by  0,00	NDS (H for the for the	primary general must er	election.	nate C	P <b>nly)</b>	of my
candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  DECLARATION  9. 1 intend to expend personal funds  If you do not intend to expend personal funds  I certify that I have a	OF INTENT TO EXPEND PER sexceeding the threshold amount (see 11 9A 9B rsonal funds exceeding the threshold amount to the best of examined this Statement and to the best of	RSONAL FU C.F.R. 400.9) by  0,00	NDS (H for the for the ction, you	fouse primary general must en	election, lelection, order *0.00*	nate C	P <b>nly)</b>	of my
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## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): For Figure 1 Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED