FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 6

1.	(a) Name of Candidate (in full)									
	Barrett, Thomas, More, , (b) Address (number and street) PO Box 15221		ck if addres	s changed		2. Candidate's F	EC Identific	ation Nu	umber	
	(c) City, State, and ZIP Code					H2MI07123 3. Is This	New			Amended
	Lansing		MI	4890	1	Statement	(N)	OR	· · · ·	(A)
4.	Party Affiliation	5. Office Sought				rict of Candidate				
	REPUBLICAN PARTY	House			MI	07				
	DE	SIGNATION	OF PRII	NCIPAL	CAMPAIG		E			
7.	I hereby designate the following nat	·					024 r of election	_ election	n(s).	
	NOTE: This designation should be t	iled with the appro	opriate office	e listed in tl	he instructions.					
	(a) Name of Committee (in full)									
	TOM BARRETT FO	R CONGRE	SS							
	(b) Address (number and street)									
	PO BOX 15221									
	(c) City, State, and ZIP Code									
	LANSING				MI	48901				
	DE	SIGNATION	OF OTH	IER AU	THORIZED	COMMITTEE	S			
		(Inc	luding Joint	Fundraisin	g Representativ	res)				
8.	I hereby authorize the following nan candidacy.	ned committee, wh	nich is NOT	my princip	al campaign cor	nmittee, to receive	and expen	d funds o	on beh	alf of my
	NOTE: This designation should be f	iled with the princi	pal campai	gn committe	ee.					
	(a) Name of Committee (in full)									
	TEAM VALOR									
	(b) Address (number and street)									
	824 S MILLEDGE AVE STE 1	01								
	(c) City, State, and ZIP Code									
	ATHENS				GA	30605				
	I certify that I have exa	mined this Staterr	nent and to t	he best of	my knowledge a	and belief it is true,	correct and	l comple	te.	
Si	gnature of Candidate					Date				
В	arrett, Thomas, More, ,					04/16/2024				
N	IOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
	I I	<u> </u>]	FEC	FORM 2	2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)			
Take Back the House 2022			
(b) Address (number and street)			
PO BOX 30844			
(c) City, State, and ZIP Code			
Bethesda	MD	20824	

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)		
BARRETT BRIGADE VICTORY FUND		
(b) Address (number and street) PO BOX 15221		
(c) City, State, and ZIP Code LANSING	MI	48901

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)		
Barrett for MI-07		
(b) Address (number and street)		
PO BOX 30844		
(c) City, State, and ZIP Code		
BETHESDA	MD	20824

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)

Take Back the House 2022

(b) Address (number and street) PO BOX 30844

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202404169633424819

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)					
BARRETT BRIGADE VICTORY FL	JND				
(b) Address (number and street)					
PO BOX 15221					
(c) City, State, and ZIP Code					
LANSING	МІ	48901			
 I hereby authorize the following named committee, whic candidacy. NOTE: This designation should be filed with 	, , , , , , , , , , , , , , , , , , , ,	mmittee, to receive and expend funds on behalf of my			
(a) Name of Committee (in full)					
NRCC MICHIGAN VICTORY					
(b) Address (number and street)					

320 1ST STREET, SE	
(c) City, State, and ZIP Code	

DC

20003

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)					
Barrett-Gibbs Victory Committee					
(b) Address (number and street) 1060 Powers Place					
(c) City, State, and ZIP Code Alpharetta	GA	30009			

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)

WASHINGTON

Take Back the House 2022

(b) Address (numbe	r and	street)
PO BOX 30844		

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202404169633424820

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)				
BARRETT BRIGADE VICTORY FL	JND			
(b) Address (number and street)				
PO BOX 15221				
(c) City, State, and ZIP Code				
LANSING	MI	48901		
 I hereby authorize the following named committee, whic candidacy. NOTE: This designation should be filed with 	, , , , , , , , , , , , , , , , , , , ,	mmittee, to receive and expend funds on behalf of my		
a) Name of Committee (in full)				
NRCC MICHIGAN VICTORY				
(b) Address (number and street)				

320 1ST STREET, SE	
(c) City, State, and ZIP Code	

WASHINGTON

DC

20003

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)					
Barrett-Gibbs Victory Committee					
(b) Address (number and street)					
1060 Powers Place					
(a) City State and ZID Code					
(c) City, State, and ZIP Code					
Alpharetta	GA	30009			

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(a) Name of Committee (in full)

Take Back the House 2022

(b) Address	(number	and	street)
PO BO	X 30844		

(c) City, State, and ZIP Code

Bethesda

20824

MD

Image# 202404169633424821

WASHINGTON

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)		
BARRETT BRIGADE VICTORY F	UND	
(b) Address (number and street)		
PO BOX 15221		
(c) City, State, and ZIP Code		
LANSING	MI	48901
. I hereby authorize the following named committee, whi candidacy. NOTE : This designation should be filed wit	,	nmittee, to receive and expend funds on behalf of my
(a) Name of Committee (in full)		
NRCC MICHIGAN VICTORY		
(b) Address (number and street)		

320 1ST STREET, SE	
(c) City, State, and ZIP Code	

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DC

20003

(a) Name of Committee (in full)		
Barrett-Gibbs Victory Committee		
(b) Address (number and street) 1060 Powers Place		
(c) City, State, and ZIP Code Alpharetta	GA	30009

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(a) Name of Committee (in full)		
SCALISE LEADERSHIP FUND 2024		
(b) Address (number and street) 320 1ST ST SE		
(c) City, State, and ZIP Code WASHINGTON	DC	20003

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)			
GROW THE MAJORITY			
(b) Address (number and street)			
228 S WASHINGTON ST STE 115			
(c) City, State, and ZIP Code			
ALEXANDRIA	VA	22314	

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)		
WAR VETERANS FUND 2024		
(b) Address (number and street)		
PO BOX 26141		
(c) City, State, and ZIP Code		
ALEXANDRIA	VA	22313

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

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code