FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. (| a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|------------------|--------------|-------------|-----------------|---|-------------------|-----------|------|---------|--|
| | Armstrong, Kelly, , , | | | | | | | | | | |
| (| Address (number and street) Check if address changed 1515 Burnt Boat Drive Suite C, Box 112 | | | | | 2. Candidate's FEC Identification Number H8ND00096 | | | | | |
| (| c) City, State, and ZIP Code | | | | | | s Nev | v | | Amended | |
| | Bismarck ND 58503 | | | | 3 | Stater | nent (N) | OR | × | (A) | |
| 4. 1 | Party Affiliation | 5. Office Sough | nt | | 6. State & Dist | trict of Candi | date | | | | |
| | REPUBLICAN PARTY | House | | | ND | 00 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. I | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election(s). | | | | | | | | | | |
| 1 | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | | |
| Armstrong for Congress | | | | | | | | | | | |
| (| b) Address (number and street) 1515 Burnt Boat Dr | | | | | | | | | | |
| | Suite C, Box 112 | | | | | | | | | | |
| (| c) City, State, and ZIP Code | | | | | | | | | | |
| | Bismarck | | | | ND | 58503 | 3 | | | | |
| | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| | NDStrong | | | | | | | | | | |
| | i të ëtiong | | | | | | | | | | |
| (| b) Address (number and street) 1515 Burnt Boat Dr Num 112 | | | | | | | | | | |
| (| c) City, State, and ZIP Code | | | | | | | | | | |
| | Bismarck | | | | ND | 58503 | | | | | |
| | | | | | | | | | | | |
| | I certify that I have exa | mined this State | ement and to | the best of | my knowledge a | and belief it is | s true, correct a | nd comple | ete. | | |
| Sig | nature of Candidate | | | | | Date | | | | | |
| Arn | Armstrong, Kelly, , , [Electronically File | | | | | | 11/09/2022 | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1 | | | | | | | | | | | |