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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	DOWNING, TROY, , ,  (b) Address (number and street)	□Ch	eck if addres	2. Candidate's FEC Identification Number						
	PO BOX 322	☐ Check if address changed				H4MT02098				
	(c) City, State, and ZIP Code		NAT	E060	4	3. Is This	New	OB	×	Amended
1	HELENA Party Affiliation	E Office Sough	MT	5962		Statemen rict of Candidate	( )	OR		(A)
4.	REPUBLICAN PARTY	<ol><li>Office Sough House</li></ol>	ıt		MT	02	е			
	DE	SIGNATION	N OF PRII	NCIPAL	CAMPAIGI	N COMMIT	TEE			
7.	I hereby designate the following nar	ned political con	nmittee as my	/ Principal (	Campaign Comi		2026 rear of election	_	on(s).	
	NOTE: This designation should be f	iled with the app	ropriate offic	e listed in th	ne instructions.			,		
	(a) Name of Committee (in full)									
	TROY DOWNING F	OR CONG	RESS							
	(b) Address (number and street)									
	PO BOX 322									
	(c) City, State, and ZIP Code									
	HELENA				MT	59624				
8.		(Ir	cluding Joint	Fundraisin	g Representativ	,		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.	(Ir	cluding Joint	Fundraisin	g Representativ	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following nam	(Ir ned committee, v	cluding Joint	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following nam candidacy.	(Ir ned committee, v	cluding Joint	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(Irned committee, volumed with the prince	cluding Joint which is NOT	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  WAR VETERANS F  (b) Address (number and street)	(Irned committee, volumed with the prince	cluding Joint which is NOT	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  WAR VETERANS F	(Irned committee, volumed with the prince	cluding Joint which is NOT	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  WAR VETERANS F  (b) Address (number and street)	(Irned committee, volumed with the prince	cluding Joint which is NOT	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  WAR VETERANS Following (b) Address (number and street)  PO BOX 26141	(Irned committee, volumed with the prince	cluding Joint which is NOT	Fundraisin my principa	g Representativ al campaign cor	es)		nd funds	s on bel	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  WAR VETERANS Formulated (in full)  (b) Address (number and street)  PO BOX 26141  (c) City, State, and ZIP Code	(Irned committee, will be seen that the print of the prin	cluding Joint which is NOT cipal campai	Fundraisin my principa gn committe	g Representativ al campaign cor ee. VA	es) nmittee, to recei	ive and exper			half of my
	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  WAR VETERANS Following (b) Address (number and street) PO BOX 26141  (c) City, State, and ZIP Code ALEXANDRIA	(Irned committee, will be seen that the print of the prin	cluding Joint which is NOT cipal campai	Fundraisin my principa gn committe	g Representativ al campaign cor ee. VA	es) nmittee, to recei	ive and exper			half of my
Się	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  WAR VETERANS Following (b) Address (number and street) PO BOX 26141  (c) City, State, and ZIP Code ALEXANDRIA	(Irned committee, will be seen that the print of the prin	cluding Joint which is NOT cipal campai	Fundraisin my principa gn committe	g Representativ al campaign cor ee. VA	es) nmittee, to recei	ive and exper			half of my
Si <sub>4</sub>	I hereby authorize the following name candidacy.  NOTE: This designation should be formal for	(In ned committee, while the print of the pr	cluding Joint which is NOT cipal campaid	Fundraisin my principal gn committee	g Representatival campaign consee.  VA	22313  22313  and belief it is tru  Date  02/13/2025	ive and exper	d compi	lete.	
Się D	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  WAR VETERANS Following (b) Address (number and street) PO BOX 26141  (c) City, State, and ZIP Code ALEXANDRIA  I certify that I have example of Candidate  OWNING, TROY, , ,	(In ned committee, while the print of the pr	cluding Joint which is NOT cipal campaid	Fundraisin my principal gn committee	g Representatival campaign consee.  VA	22313  22313  and belief it is tru  Date  02/13/2025	ive and exper	d compi	lete.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	DOWNING VICTORY FUND								
	(b) Address (number and street)								
	PO BOX 183								
	(c) City, State, and ZIP Code								
	HUDSON WI 54016								
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. <b>NOTE</b> : 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								
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. <b>NOTE</b> : 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								
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. <b>NOTE</b> : 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								