

FEC FORM 2  
STATEMENT OF CANDIDACY

|                                                                                                                   |                           |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br>Clark, Randall, , ,                                                         |                           |                                                                                                          |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br>80A W Hollis Rd<br>Address2: |                           | 2. Candidate's FEC Identification Number<br>H4NH02423                                                    |
| (c) City, State, and ZIP Code<br>Hollis NH 03049                                                                  |                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br>REPUBLICAN PARTY                                                                          | 5. Office Sought<br>House | 6. State & District of Candidate<br>NH 02                                                                |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)<br>Randall Clark for Congress |  |  |
| (b) Address (number and street)<br>PO Box 1112                |  |  |
| (c) City, State, and ZIP Code<br>Hollis NH 03049              |  |  |

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<br>Clark, Randall, , , | Date<br>07/04/2024 |
|-----------------------------------------------|--------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|