

Image# 202211119546751937

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ROSE, JOHN, W., ,			2. Candidate's FEC Identification Number H8TN06094	
(b) Address (number and street) PO BOX 2404		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code COOKEVILLE TN 38502		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TN 06		

### 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) JOHN ROSE FOR TENNESSEE		
(b) Address (number and street) PO BOX 2404		
(c) City, State, and ZIP Code COOKEVILLE TN 38502		

### 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) John Rose Victory Fund		
(b) Address (number and street) PO Box 2404		
(c) City, State, and ZIP Code Cookeville TN 38502		

*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 Rose, John, W., ,  <i>[Electronically Filed]</i>	Date 11/11/2022
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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