Image# 202003199203921941 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. (  | a) Name of Candidate (in full)  |                 |   |                        |                   |                  |                 |           |       |     |  |
|---|---|-----------------|---|------------------------|-------------------|------------------|-----------------|-----------|-------|-----|--|
|   | Manning, Thomas, Clayton, ,   |                 | Check if addre                                      |                        |                   | 10.0 ":          |                 | *** ** ** |       |     |  |
| (1  | b) Address (number and street)<br>PO Box 912832   |                 | Candidate's FEC Identification Number     H0TX18342 |                        |                   |                  |                 |           |       |     |  |
| (   | c) City, State, and ZIP Code  |                 |   | 3. Is This New Amended |                   |                  |                 |           |       |     |  |
|   | Sherman TX 75091  |                 |   |                        |                   | Statem           | nent (N)        | OR        | ×     | (A) |  |
| 4. F  | Party Affiliation   | 5. Office Sou   | ght   |                        | 6. State & Dist   | trict of Candid  | late            |           |       |     |  |
|   | REPUBLICAN PARTY  | House           | •   |                        | TX                | 04               |                 |           |       |     |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| 7. I  | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s). (year of election) |                 |   |                        |                   |                  |                 |           |       |     |  |
| N   | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                 |   |                        |                   |                  |                 |           |       |     |  |
| (a) Name of Committee (in full)  MANNING FOR CONGRESS   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| (b) Address (number and street) 1419 SWEET GRASS TRAIL  |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| (   | c) City, State, and ZIP Code  |                 |   |                        |                   |                  |                 |           |       |     |  |
|   | HOUSTON   |                 |   |                        | TX                | 77090            | )               |           |       |     |  |
|   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| 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)   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| (b) Address (namber and street)   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| (c) City, State, and ZIP Code   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
|   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
|   | I certify that I have ex  | amined this Sta | atement and to                                      | o the best of          | my knowledge a    | and belief it is | true, correct a | and compi | lete. |     |  |
| Signature of Candidate  |   |                 |   |                        |                   | Date             |                 |           |       |     |  |
| Manning, Thomas, Clayton, ,   |   |                 |   | [Elec                  | tronically Filed] | 03/19/2020       |                 |           |       |     |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
|   |   |                 |   |                        |                   |                  |                 |           |       |     |  |
| 1   |   |                 |   |                        |                   |                  |                 |           |       |     |  |

FEC FORM 2 (REV. 02/2009)

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2A Transaction ID:

2020 Special Election.

Form/Schedule: Transaction ID: