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FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (in full)									
	OOD, MIKE, , ,	Charle "	oddraaa -	hongad		2 Candid-	to'o EEO Idaa	tification h	- م طوريا	
	(b) Address (number and street) ☐ Check if address changed PO BOX 81041					Candidate's FEC Identification Number H2NE01118				
()),	State, and ZIP Code					3. Is This			v	Amended
	ICOLN		NE	68501		Statem	,	OR	×	(A)
4. Party Af	filiation	5. Office Sought			6. State & Dist		date			
REPUE	BLICAN PARTY	House			NE	01				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
NOTE:	This designation should be	filed with the appropria	ate office li	sted in th	e instructions.					
` ,	ne of Committee (in full) IKE FLOOD FOR	CONGRESS								
	ress (number and street) BOX 81041									
(c) City,	State, and ZIP Code									
LII	NCOLN				NE	68501				
	DE	SIGNATION OF	OTHE	R AIIT	HORIZED	COMMIT	TEES			
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8. I hereby candida	authorize the following nar	ned committee, which	is NOT my	y principa	l campaign cor	mmittee, to re	ceive and exp	end funds	on bel	half of my
NOTE:	This designation should be	filed with the principal	campaign	committe	e.					
(a) Nam	ne of Committee (in full)									
(b) Addr	roce (number and street)									
(b) Addi	ress (number and street)									
(c) City,	State, and ZIP Code									
	I certify that I have exa	amined this Statement	and to the	best of r	ny knowledge a	and belief it is	true, correct a	and compl	lete.	
Signature of Candidate Date										
FLOOD. MIKE					11/18/20	22				
				[Electi	ronically Filed]	11/10/20	ZZ			
NOTE: Sub		ar incomplete inform	ation may	cubioet th			nont to nonalti	oc of 2 LL	00 04	
	omission of false, erroneous	, or incomplete inform	allon may	Subject ti	ie person signii	ng this Staten	nent to penalti	es oi 2 o.	5.C. 94	37g.
	omission of false, erroneous	, or incomplete inform	ation may	Subject ti	ne person signii	ng this Stater	nent to penalti	es 01 2 0.	S.C. 94	.37g.
	omission of false, erroneous	, or incomplete inform	ation may	Subject ti	e person signii	ng this Stater	nent to penalti	es 01 2 0.	5.C. §4	.37g.

FEC FORM 2 (REV. 02/2009)