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FEC FORM 2

STATEMENT OF CANDIDACY

_							
1.	(a) Name of Candidate (in full) MCCORMICK, DAVE, , ,						
	(b) Address (number and street) PO BOX 23537		Check if addre	ss changed		Candidate's FEC Identification Number S2PA00661	
	(c) City, State, and ZIP Code PITTSBURGH		PA	1522	2	3. Is This New Amended Statement (N) OR X (A)	
4.	Party Affiliation	5. Office Sou				trict of Candidate	
	REPUBLICAN PARTY	Senate	!		PA	00	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following nar	med political co	ommittee as m	ny Principal (Campaign Com	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be	iled with the ap	opropriate offi	ce listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	FRIENDS OF DAVE	MCCOR	MICK				
	(b) Address (number and street)						
	PO BOX 23537						
	(c) City, State, and ZIP Code						
	PITTSBURGH				PA	15222	
	DE					COMMITTEES	
		(including Join	it Fundraisin	g Representativ	/es)	
8.	I hereby authorize the following nan candidacy.	ned committee	, which is NO	T my principa	al campaign co	mmittee, to receive and expend funds on behalf of my	
	NOTE: This designation should be to	iled with the pr	incipal campa	ign committe	ee.		
	(a) Name of Committee (in full)						
	DAVE MCCORMIC	K FOR U	S SENA	ΤΕ			
	(b) Address (number and street)						
	PO BOX 23537						
	(c) City, State, and ZIP Code						
	PITTSBURGH				PA	15222	
٥.	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			Date ·				
М	ICCORMICK, DAVE, , ,					05/15/2024	
	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
NC	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.	
NC	OTE: Submission of false, erroneous	, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.	

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. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	BATTLEFIELD FUND 2023						
	(b) Address (number and street) 228 S WASHINGTON ST STE 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	VA	22314				
8.		nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)						
	TEAM MCCORMICK						
	(b) Address (number and street) PO BOX 23537						
	(c) City, State, and ZIP Code						
	PITTSBURGH	PA	15222				
8.	I hereby authorize the following named committee, which i candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) 2024 THUNE REPUBLICAN SENATION (b) Address (number and street) 228 S WASHINGTON ST STE 115	e principal campaign committe		unds on behalf of my			
	(c) City, State, and ZIP Code ALEXANDRIA	VA	22314				
8.	I hereby authorize the following named committee, which i candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) RECLAIM THE MAJORITY (b) Address (number and street) 421 OFFICE PARK DRIVE	s NOT my principal campaign	committee, to receive and expend for	unds on behalf of my			
8.	I hereby authorize the following named committee, which i candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) RECLAIM THE MAJORITY (b) Address (number and street)	s NOT my principal campaign	committee, to receive and expend for	unds on behalf of my			

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. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full) CORNYN VICTORY COMMITTEE							
	(b) Address (number and street)							
	PO BOX 13026							
	(c) City, State, and ZIP Code							
	AUSTIN	TX	78711					
8.	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 of	campaign committe	ee.					
	(a) Name of Committee (in full)							
	MCCORMICK FOR PA SENATE REPUBLIC	CAN NOMINI	EE FUND 2024					
	(b) Address (number and street) PO BOX 9891							
	(c) City, State, and ZIP Code							
	ARLINGTON	VA	22219					
8.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE : This designation should be filed with the principal of	· · · · · · · · · · · · · · · · · · ·		d funds on behalf of my				
	(a) Name of Committee (in full)							
	SENATE PATH TO VICTORY 2024							
	(b) Address (number and street) 421 OFFICE PARK DRIVE							
	(c) City, State, and ZIP Code							
	MOUNTAIN BROOK	AL	35223					
8.	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							