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FEC FORM 2

STATEMENT OF CANDIDACY

_	(a) Name of Condidate (in full)										
١.	(a) Name of Candidate (in full) Coons, Christopher, A., ,										
	(b) Address (number and street) PO Box 9900	€ Check if address changed				Candidate's FEC Identification Number S0DE00092					
	(c) City, State, and ZIP Code					3. Is This		New		Amended	
	Newark	DE 19714			Stater		(N)	OR	× (A)		
4.	Party Affiliation	5. Office Soug	jht		6. State & Dis	trict of Candi	date				
	DEMOCRATIC PARTY	Senate			DE						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full)											
Chris Coons for Delaware											
	(b) Address (number and street)										
	PO Box 9900										
	(c) City, State, and ZIP Code										
	Newark				DE	19714	4				
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)											
Coons Leadership Fund											
	(b) Address (number and street)										
	600 Pennsylvania Ave SE										
	#15180 (c) City, State, and ZIP Code										
	Washington				DC	20003					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Si	Signature of Candidate										
	Coons, Christopher, A., ,						08/22/2023				
C	oons, Christopher, A., ,					00/22/20	123				
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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FEC FORM 2 (REV. 02/2009)