## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1. (a) Name of Candidate (in full)							
Wyden, Ronald, L., ,							
(b) Address (number and street) PO Box 3498	□ Check if address changed			2. Candidate's FEC Identification Number S6OR00110			
(c) City, State, and ZIP Code				3. Is This	5 N	lew	Amended
Portland	C	R 9720	)8	Staten	nent 🗶 (I	N) OR	(A)
4. Party Affiliation	5. Office Sought		6. State & Distr	ict of Candio	date		
DEMOCRATIC PARTY	Senate		OR				
DE	SIGNATION OF PF	RINCIPAL	. CAMPAIGN		TTEE		
7. I hereby designate the following nar	ned political committee as	my Principal	Campaign Comm	nittee for the	2028 (year of ele	electic ction)	on(s).
NOTE: This designation should be t	iled with the appropriate of	fice listed in t	the instructions.				
(a) Name of Committee (in full) Wyden for Senate							
(b) Address (number and street) PO Box 3498							
(c) City, State, and ZIP Code							
Portland			OR	97208	3		
<ol> <li>I hereby authorize the following nan candidacy.</li> <li>NOTE: This designation should be for the following nan</li> </ol>				nmittee, to re	eceive and ex	kpend funds	on behalf of my
(a) Name of Committee (in full)							
Wyden for Oregon							
(b) Address (number and street) PO Box 3271							
(c) City, State, and ZIP Code							
Portland			OR	97208			
I certify that I have exa	mined this Statement and	to the best of	my knowledge a	nd belief it is	true, correc	t and comple	ete.
Signature of Candidate				Date			
Wyden, Ron, L., ,		[Elec	ctronically Filed]	12/12/20	22		
NOTE: Submission of false, erroneous	, or incomplete information	may subject	the person signin	g this Stater	ment to pena	Ities of 2 U.S	S.C. §437g.
						FEC	C FORM 2 (REV. 02/2009

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

## **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)		
Oregon Victory Fund		
(b) Address (number and street) 1220 SW Morrison St Ste 910		
(c) City, State, and ZIP Code Portland	OR	97205

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)		
(c) City, State, and ZIP Code		

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)	
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(b) Address (number and street)

(c) City, State, and ZIP Code

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)

(c) City, State, and ZIP Code