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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	KIGGANS, JENNIFER, , ,										
	(b) Address (number and street) P.O. BOX 5042	□ CI	neck if addre	ss changed		2. Candida H2VA0	ite's FEC lo 02064	dentific	ation N	lumber	
	(c) City, State, and ZIP Code VIRGINIA BEACH		VA	2347	1	3. Is This		New (N)	OR		Amended A)
4.	Party Affiliation	5. Office Soug	nt		6. State & Dis	trict of Candid	date				
	REPUBLICAN PARTY	House			VA	02					
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	и сомм	TTEE				
7.	I hereby designate the following nar	ned political cor	nmittee as m	ny Principal (Campaign Com	mittee for the	2026 (year of e	lection	_ election	on(s).	
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in th	ne instructions.						
	(a) Name of Committee (in full)										
	KIGGANS FOR CO	NGRESS									
	(b) Address (number and street)										
	P.O. BOX 5042										
	(c) City, State, and ZIP Code										
	VIRGINIA BEACH				VA	23471					
		(1	ncluding Joir	nt Fundraisin	THORIZED g Representativ						
8.	I hereby authorize the following nancandidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	lf of my
8.	candidacy. NOTE: This designation should be f	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	If of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full)	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	If of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) KIGGANS VICTOR	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	If of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) KIGGANS VICTOR (b) Address (number and street)	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	If of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042	ned committee,	which is NO	T my principa	g Representatival campaign co	/es)		expend	d funds	on beha	If of my
8.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042 (c) City, State, and ZIP Code	ned committee,	which is NO	T my principa	g Representatival campaign co	res)		expend	d funds	on beha	If of my
	candidacy. NOTE: This designation should be formula of the following of the following committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042 (c) City, State, and ZIP Code VIRGINIA BEACH I certify that I have example of the following contents of	ned committee, iled with the pri	which is NO	T my principa	g Representatival campaign co	ves) mmittee, to re	eceive and				If of my
	candidacy. NOTE: This designation should be formula in the following committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042 (c) City, State, and ZIP Code VIRGINIA BEACH	ned committee, iled with the pri	which is NO	T my principa	g Representatival campaign co	ves) mmittee, to re	eceive and				If of my
Si	candidacy. NOTE: This designation should be formula of the following of the following committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042 (c) City, State, and ZIP Code VIRGINIA BEACH I certify that I have example of the following contents of	ned committee, iled with the pri	which is NO	T my principa	g Representatival campaign co	zes) mmittee, to re 23471 and belief it is	eceive and				If of my
Si	candidacy. NOTE: This designation should be formula in the following should be formul	Y FUND	which is NO	T my principal	g Representatival campaign coee.	23471 and belief it is Date 02/03/20	true, corre	ect and	l compl	ete.	
Si	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) KIGGANS VICTOR (b) Address (number and street) P.O. BOX 5042 (c) City, State, and ZIP Code VIRGINIA BEACH I certify that I have example of Candidate IIGGANS, JENNIFER, , ,	Y FUND	which is NO	T my principal	g Representatival campaign coee.	23471 and belief it is Date 02/03/20	true, corre	ect and	l compl	ete.	

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)					
	IRON LADIES PAC					
	(b) Address (number and street)					
	P.O. BOX 341027					
	(c) City, State, and ZIP Code					
	AUSTIN	TX	78734			
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa					
	(a) Name of Committee (in full)					
	PROTECT THE HOUSE 2024					
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA	MD	20824			
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full) PFRIENDS OF PFLUGER (b) Address (number and street)					
	PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA	MD	20824			
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa (a) Name of Committee (in full)		•			
	GOP WINNING WOMEN 2024					
	(b) Address (number and street) 228 S WASHINGTON ST STE 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			

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 Fundra	alsing Represent	atives)
8.	8. I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE : This designation should be filed with the principal can		
	(a) Name of Committee (in full)		
	SCALISE LEADERSHIP FUND 2024		
	(b) Address (number and street) 320 1ST ST SE		
	(c) City, State, and ZIP Code	D 0	00000
	WASHINGTON	DC	20003
8.	8. I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE : This designation should be filed with the principal can		
	(a) Name of Committee (in full) AMERICAN BATTLEGROUND FUND		
	(b) Address (number and street) PO BOX 30844		
	(c) City, State, and ZIP Code		
	BETHESDA	MD	20824
8.	8. I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE : This designation should be filed with the principal can (a) Name of Committee (in full)		
	GROW THE MAJORITY		
	(b) Address (number and street) 228 S WASHINGTON ST STE 115		
	(c) City, State, and ZIP Code ALEXANDRIA	VA	2224.4
	ALLAMBINA	٧A	22314
8.	I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE: This designation should be filed with the principal can		
8.			
8.	candidacy. NOTE: This designation should be filed with the principal can		
8.	candidacy. NOTE : This designation should be filed with the principal can (a) Name of Committee (in full)		
8.	candidacy. NOTE: This designation should be filed with the principal can (a) Name of Committee (in full) EMMER MAJORITY BUILDERS (b) Address (number and street)		

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)						
	SCOTT FRANKLIN WINGMAN FUND						
	(b) Address (number and street)						
	P.O. BOX 2811						
	(c) City, State, and ZIP Code						
	LAKELAND FL	33806					
8.	 I hereby authorize the following named committee, which is NOT my principal campaign c candidacy. NOTE: This designation should be filed with the principal campaign committee 						
	(a) Name of Committee (in full)						
	DEFEND OUR MAJORITY						
	(b) Address (number and street) 320 FIRST ST SE						
	(c) City, State, and ZIP Code	_					
	WASHINGTON DC	20003					
8.	8. I hereby authorize the following named committee, which is NOT my principal campaign c 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.	8. I hereby authorize the following named committee, which is NOT my principal campaign c 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						