

Image# 202607019874289024

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>MORRIS, NATE, , ,</b>			2. Candidate's FEC Identification Number <b>S6KY00302</b>	
(b) Address (number and street) <b>PO BOX 72135</b>		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <b>NEWPORT</b>		3. Is This Statement <input type="checkbox"/> New (N) <b>OR</b> <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation <b>REPUBLICAN PARTY</b>	5. Office Sought <b>Senate</b>	6. State & District of Candidate <b>KY 00</b>		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <b>MORRIS FOR SENATE</b>		
(b) Address (number and street) <b>PO BOX 72135</b>		
(c) City, State, and ZIP Code <b>NEWPORT KY 41072</b>		

### 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) <b>TEAM MORRIS</b>		
(b) Address (number and street) <b>PO BOX 72135</b>		
(c) City, State, and ZIP Code <b>NEWPORT KY 41072</b>		

*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 <b>MORRIS, NATE, , ,</b>	Date <b>07/01/2026</b>
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**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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

**TEAM MORENO**

(b) Address (number and street)

P.O. BOX 340797

(c) City, State, and ZIP Code

COLUMBUS

OH

43234

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

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