

Image# 202406039648846040

FEC FORM 2

STATEMENT OF CANDIDACY

| | | | | | |
|---|--|--|---|--|--|
| 1. (a) Name of Candidate (in full) CURTIS, JOHN, , , | | | 2. Candidate's FEC Identification Number S4UT00282 | | |
| (b) Address (number and street) PO BOX 296 | | <input type="checkbox"/> Check if address changed | | | |
| (c) City, State, and ZIP Code PROVO | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) | | | |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought Senate | 6. State & District of Candidate UT 00 | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) JOHN CURTIS FOR UTAH | | |
| (b) Address (number and street) PO BOX 296 | | |
| (c) City, State, and ZIP Code PROVO UT 84603 | | |

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) TEAM CURTIS JOINT FUNDRAISING COMMITTEE | | |
| (b) Address (number and street) PO BOX 30844 | | |
| (c) City, State, and ZIP Code BETHESDA MD 20824 | | |

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 Curtis, John, , , | Date 06/03/2024 |
|---|--------------------|

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)

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. 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)

(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