

Image# 202602069825934050

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McKenna, Dylan, , ,		2. Candidate's FEC Identification Number H6IN05315	
(b) Address (number and street) 275 Medical Drive #193		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Carmel IN 46082		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate IN 05	

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) MCKENNA FOR CONGRESS	
(b) Address (number and street) 3711 PETE DYE BLVD	
(c) City, State, and ZIP Code CARMEL IN 46033	

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) Address (number and street)
(c) City, State, and ZIP Code

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 McKenna, Dylan, , ,	Date 02/06/2026
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--