

FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|---------------------------|---|
| 1. (a) Name of Candidate (in full) Mackey, Joseph, William, MR, | | |
| (b) Address (number and street) 5313 HERITAGE DRIVE | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code LAFAYETTE | | IN 47905 |
| 4. Party Affiliation Dem | 5. Office Sought House | 6. State & District of Candidate IN 04 |
| 2. Candidate's FEC Identification Number H8IN04140 | | |
| 3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A) | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)

JOE4HOOSIERS

(b) Address (number and street)

5313 HERITAGE DRIVE

(c) City, State, and ZIP Code

LAFAYETTE

IN 47905

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 Mackey, Joseph, William, MR, | Date 01/07/2026 |
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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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