Image# 202211309547077081 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. (a) Name | of Candidate | (in full) | | | | | | | | | |
|---|--------------------------------|----------------|----------------------------|----------------|----------------|---------------------------|---|----------------------|--|--------|------------|
| Ellzey | y, John, Kevii | n, , Sr. | | | | | | | | | |
| | ss (number ar Congress Aver | | ☐ Check if address changed | | | | Candidate's FEC Identification Number H8TX06266 | | | | |
| (c) City, State, and ZIP Code | | | | | | | 3. Is This | s N | ew | | Amended |
| Austin | | | TX 78734 | | | | Staten | nent (1 | N) OR | X | (A) |
| 4. Party Affil | | | 5. Office Soug | ht | | 6. State & Dis | trict of Candid | date | <u>, </u> | | |
| Rep | | | House | , | | TX | 06 | | | | |
| | | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIG | N COMMI | ITTEE | | | |
| 7. I hereby o | designate the | following nan | ned political co | mmittee as m | ny Principal C | ampaign Com | mittee for the | 2024 (year of ele | election | on(s). | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | |
| (a) Name | of Committee | (in full) | | | | | | | | | |
| JAł | KE ELLZ | EY FOR | CONGR | ESS | | | | | | | |
| ` ' | ss (number a | , | | | | | | | | | |
| SUIT | TE 400 | | | | | | | | | | |
| (c) City, S | State, and ZIP | Code | | | | | | | | | |
| | | | | | | TX | 78701 | İ | | | |
| AUS | STIN | | | | | 17 | 70701 | ı | | | |
| candidac | y. | ollowing nam | ed committee | Including Joir | ıt Fundraisinα | THORIZED g Representativ | /es) | | xpend funds | on bel | half of my |
| NOTE: Th | nis designatio | n should be fi | led with the pr | incipal campa | ign committe | ee. | | | | | |
| | of Committee (e Ellzey | | und | | | | | | | | |
| | ess (number ar ox 30844 | nd street) | | | | | | | | | |
| (c) Citv. S | State, and ZIP | Code | | | | | | | | | |
| ()) | iesda | | | | | MD | 20824 | | | | |
| Deti | lesua | | | | | IVID | 20024 | ' | | | |
| | I certify th | at I have exa | mined this Sta | tement and to | the best of r | ny knowledge a | and belief it is | true, correc | t and comple | ete. | |
| Signature o | f Candidate | | | | | | Date | | | | |
| Ellzey, John, Kevin, , Sr. | | | [Electronically Filed] | | | 11/30/2022 | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | ² of | 2 |
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| i age | O. | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 8. | 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) | | | | | | | | |
| | JAKE ELLZEY VICTORY FUND | | | | | | | | |
| | (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 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) WAR VETERANS FUND 2022 | | | | | | | | |
| | (b) Address (number and street) PO BOX 26141 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | ALEXANDRIA VA 22313 | | | | | | | | |
| 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 | | | | | | | | |