FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)									
Coons, Christopher, A., ,									
(b) Address (number and street) PO Box 9900	□ Check if address changed				2. Candidate's FEC Identification Number S0DE00092				
(c) City, State, and ZIP Code				_	3. Is This New Amended				
Newark		DE	19714		Statement (N) OR (A)				
4. Party Affiliation	5. Office Sought				ict of Candidate				
DEMOCRATIC PARTY	Senate			DE					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
 I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election(s). 									
NOTE: This designation should be f	iled with the appropriate	e office list	ed in th	e instructions.					
(a) Name of Committee (in full)									
Chris Coons for Dela	aware								
(b) Address (number and street)									
PO Box 9900									
(c) City, State, and ZIP Code									
Newark				DE	19714				
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)									
Coons Leadership I	und								
(b) Address (number and street)									
600 Pennsylvania Ave SE									
#15180									
(c) City, State, and ZIP Code									
Washington				DC	20003				
I certify that I have exa	mined this Statement a	nd to the b	est of r	my knowledge al	nd belief it is true, correct and complete.				
Signature of Candidate					Date				
Coons, Christopher, A., ,					04/29/2025				
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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)		
First State Victory Fund 2026		
(b) Address (number and street)		
600 Pennsylvania Ave SE		
Unit 15180		
(c) City, State, and ZIP Code		
Washington	DC	20003

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.

	, , , , , , , , , , , , , , , , , , ,			
(b) Address (number	r and street)			
(c) City, State, and Z	IP Code			

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(a) Name of Committee (in full)

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(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code