

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) <i>Patrick Brant McAuley</i>		2025 DEC 29 PM 12: 38		
(b) Address (number and street) <i>PO Box 55391</i>		<input type="checkbox"/> Check if address changed		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <i>Indianapolis, IN 46205</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR (A) Amended		
4. Party Affiliation <i>Republican</i>	5. Office Sought <i>House</i>	6. State & District of Candidate <i>IN 07</i>		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) <i>McAuley for Congress</i>	
(b) Address (number and street) <i>P.O. Box 55391</i>	
(c) City, State, and ZIP Code <i>Indianapolis, IN 46205</i>	

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 <i>Patrick</i>	Date <i>12/19/2025</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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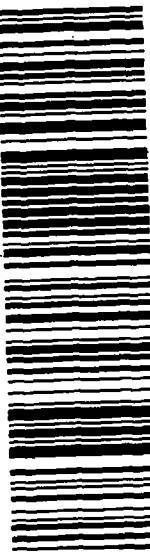
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Label 228, March 2016

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
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<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received via FAX	Date of Receipt
<input type="checkbox"/>	Received via Email	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>JAM</i>		12.29.25
PREPARER (4/2023)	DATE PREPARED	