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## FEC FORM 2

## STATEMENT OF CANDIDACY

							=	
1.	(a) Name of Candidate (in full)							
	Cooper, Kelly, , ,						_	
	(b) Address (number and street) PO Box 43 101 Colorado Street		Check if addre	ss changed		Candidate's FEC Identification Number     H2AZ09191		
	(c) City, State, and ZIP Code					3. Is This New Amended	_	
	Chandler		CA	8524	4	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate	_	
	REPUBLICAN PARTY	House			AZ	04		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	I hereby designate the following nar	ned political co	ommittee as n	ny Principal	Campaign Comr	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).		
	NOTE: This designation should be f	iled with the ap	opropriate offi	ce listed in t	he instructions.		_	
	(a) Name of Committee (in full)							
	KELLY COOPER FO	OR CONC	BRESS					
	(b) Address (number and street)							
	PO BOX 43							
	101 COLORADO STREET						_	
	(c) City, State, and ZIP Code							
	CHANDLER				AZ	85244		
							-	
	DE				THORIZED  g Representativ	COMMITTEES (res)		
0	I hereby outhorize the following nor	and committee	which is NO	T my princip	al campaign cor	mmittee, to receive and expend funds on behalf of my		
0.	candidacy.	ieu committee	, WHICH IS NO	т тту ртттстр	ai campaign coi	minitiee, to receive and expend funds on behalf of my		
	NOTE: This designation should be f	iled with the pr	incipal campa	aign committ	ee.			
	(a) Name of Committee (in full)						_	
	NRCC ARIZONA V	ICTORY						
	(b) Address (number and street)						_	
	228 S. WASHINGTON STREE	ĒΤ						
	SUITE 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA				VA	22314		
							_	
	I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Si	gnature of Candidate					Date		
Cooper, Kelly, , ,						08/28/2023		
							_	
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

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## **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Cooper for AZ-04						
	(b) Address (number and street)						
	PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	SCOTT FRANKLIN WINGMAN FUND						
	(b) Address (number and street) P.O. BOX 2811						
	(c) City, State, and ZIP Code						
	LAKELAND	FL	33806				
8.	. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaig (a) Name of Committee (in full)  FREEDOMWORKS VICTORY 2023  (b) Address (number and street)		mmittee, to receive and expend funds on behalf of my				
	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 candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full)							
	Cooper Victory Committee						
	(b) Address (number and street) PO Box 751271						
	(c) City, State, and ZIP Code						
	Las Vegas	NV	89136				