FEC FORM 2 STATEMENT OF CANDIDACY

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1.	(a) Name of Candidate (in full)								
	Jordan, James, D., ,								
	(b) Address (number and street) 1709 South State Route 560	□ Check i	f address c	hanged		2. Candidate's FEC Identification Number H6OH04082			
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Urbana		OH	4307	8-9637	Statement (N) OR X (A)			
4.	Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House			OH	04			
	DE	SIGNATION O	F PRING	CIPAL	CAMPAIGN				
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2024</u> election(s). (year of election)								
	NOTE: This designation should be f	iled with the appropri	ate office li	sted in th	ne instructions.				
	(a) Name of Committee (in full)								
	Jim Jordan for Cong	gress							
	(b) Address (number and street) PO Box 355								
	FO B0X 333								
	(c) City, State, and ZIP Code								
	Delaware				OH	43015-0355			
8.	I hereby authorize the following nan candidacy. NOTE: This designation should be f					nmittee, to receive and expend funds on behalf of my			
	(a) Name of Committee (in full) BUCKEYE VICTOR	Y FUND							
	(b) Address (number and street) 499 S Capitol St SW								
	Ste 405								
	(c) City, State, and ZIP Code								
	Washington				DC	20003-4018			
-	I certify that I have exa	mined this Statemen	t and to the	best of	my knowledge a	nd belief it is true, correct and complete.			
Si	gnature of Candidate					Date			
	Jordan James D								
				[Elect	tronically Filed]	11/16/2022			
						1			
N	OTE: Submission of false, erroneous	, or incomplete inform	nation may	subject t	he person signin	ng this Statement to penalties of 2 U.S.C. §437g.			
NG	DTE: Submission of false, erroneous	, or incomplete inform	nation may	subject t	he person signin	ng this Statement to penalties of 2 U.S.C. §437g.			
N	DTE: Submission of false, erroneous	, or incomplete inform	nation may	subject t	he person signin	ng 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

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)							
Ohio GOP Majority Fund							
(b) Address (number and street) 499 S Capitol St SW Ste 405							
(c) City, State, and ZIP Code Washington	DC	20003-4018					

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)		
FREEDOMWORKS PAC		
(b) Address (number and street) PO Box 374		
(c) City, State, and ZIP Code		
McLean	VA	22101-0374

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