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## FEC FORM 2

## STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full)								
	Moreno, Bernie, , ,								
	(b) Address (number and street) PO Box 340797	☐ Check if address changed			Candidate's FEC Identification Number     S4OH00192				
	(c) City, State, and ZIP Code		01	1 4000	4	3. Is This New Amended Statement (N) OR (A)			
	Columbus		OF	4323					
4.	Party Affiliation REPUBLICAN PARTY	5. Office Soug Senate			6. State & Dis	trict of Candidate 00			
	REPUBLICAN PARTT	Seriale			OH				
	DE	SIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 (year of election)								
	NOTE: This designation should be f	iled with the ap	opropriate offic	ce listed in th	ne instructions.	,			
	(a) Name of Committee (in full)								
	Bernie Moreno for S	enate							
	(b) Address (number and street)								
	PO Box 340797								
	(c) City, State, and ZIP Code								
	Columbus				ОН	43234			
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES			
		(	Including Join	t Fundraisin	g Representativ	ves)			
Ω	I hereby authorize the following page	ned committee	which is NO	E my princip	al campaign co	mmittee, to receive and expend funds on behalf of my			
	candidacy.	ieu committee	, WITICIT IS INO	т тту рттыра	ai campaign coi	militiee, to receive and expend funds on behalf of my			
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	TEAM MORENO								
	(b) Address (number and street)								
	P.O. BOX 340797								
	(c) City, State, and ZIP Code								
	COLUMBUS				ОН	43234			
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									
	gnature of Candidate					Date			
	gnature of Candidate					Date 01/28/2025			
M	oreno, Bernie, , ,	, or incomplete	information n	nay subject tl	ne person signi				
M	oreno, Bernie, , ,	, or incomplete	information n	nay subject tl	ne person signi	01/28/2025			
M	oreno, Bernie, , ,	, or incomplete	information n	nay subject tl	ne person signi	01/28/2025			

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)

	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)								
	TILLIS AND COLLEAGUES VICTORY COMMITTEE								
	(b) Address (number and street)								
	228 S. WASHINGTON ST. STE. 115								
	(c) City, State, and ZIP Code								
	ALEXANDRIA	VA	22314						
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 can	npaign comm	ittee.						
	(a) Name of Committee (in full)								
	MAJORITY MAKERS FUND								
	(b) Address (number and street) 421 OFFICE PARK DR								
	(c) City, State, and ZIP Code								
	MOUNTAIN BROOK	AL	35223						
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)								
	FRIENDS OF KENNEDY								
	(b) Address (number and street) 3337 NORTH HULLEN ST.								
	SUITE 301 (c) City, State, and ZIP Code								
	METAIRIE	LA	70002						
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)								
	RECLAIM THE MAJORITY								
	(b) Address (number and street) 421 Office Park Dr								
	(c) City, State, and ZIP Code								
	Mountain Brook	AL	35223						