

Image# 202602069825933266

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HUSTED, JON, , ,		2. Candidate's FEC Identification Number S6OH00304	
(b) Address (number and street) PO BOX 6290		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code COLUMBUS		OH      43206	4. Party Affiliation REPUBLICAN PARTY
5. Office Sought Senate	6. State & District of Candidate OH      00		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

**HUSTED FOR SENATE**

(b) Address (number and street)

PO BOX 6290

(c) City, State, and ZIP Code

COLUMBUS

OH      43206

### 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)

**FRIENDS OF KENNEDY**

(b) Address (number and street)

3337 NORTH HULLEN ST.

SUITE 301

(c) City, State, and ZIP Code

METAIRIE

LA      70002

*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

HUSTED, JON, , ,

Date

02/06/2026

**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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: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H98 HC 5 F9 DCF H G7 <981 @ CF + H A = N5 H C B

**Form/Schedule:** F2A

**Transaction ID :**

2026 Special Election.

**Form/Schedule:**

**Transaction ID:**

## 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)

**TEAM HUSTED**

(b) Address (number and street)

PO BOX 6290

(c) City, State, and ZIP Code

COLUMBUS

OH

43206

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)

**ONE TEAM SENATE MAJORITY**

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

**KEEP THE SENATE**

(b) Address (number and street)

421 OFFICE PARK DR

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

**KEEP THE SENATE RED 2026**

(b) Address (number and street)

PO BOX 130708

(c) City, State, and ZIP Code

TAMPA

FL

33681

**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)

**HUSTED VICTORY**

(b) Address (number and street)

PO BOX 72100

(c) City, State, and ZIP Code

NEWPORT

KY

41072

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

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