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FEC FORM 2

STATEMENT OF CANDIDACY

_												=
1.		andidate (in full)										
		bert, P., , Jr.	ПС	Check if addre	es changed		2 Candida	ate's FEC Ider	tification	Nun	nher	_
	PO Box 58			TIECK II AUUIE	ss changeu		S6PA0		itiiicatioi	i ivuii	ibei	
	(c) City, State,						3. Is This				Amended	_
	Philadelph			PA	19102		Staten	,) OR		X (A)	
4.	Party Affiliation		5. Office Sou			6. State & Dis	trict of Candi	date				
	DEMOCRATI	CPARTY	Senate	!		PA						_
		D	ESIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE				
7.	I hereby design	nate the following na	amed political co	ommittee as m	ny Principal (Campaign Com	mittee for the	2024 (year of elec		ction(s).	
	NOTE: This de	signation should be	filed with the ap	opropriate offi	ce listed in th	ne instructions.						
	(a) Name of Co	ommittee (in full)										_
	Bob Ca	asey for Sen	ate Inc									
	(b) Address (nu	umber and street)										_
	PO Box 5	8746										
	(c) City, State,	and ZIP Code										_
	Philadelp	ohia				PA	19102	2				
												_
		D	ESIGNATIO	N OF OT	HFR AU	THORIZED	COMMIT	TEES				
						g Representativ						
0	l banaba authar	des 46 - 6-11des					·		6		. la . la . l.f	
δ.	candidacy.	rize the following na	imea commiliee	, which is NO	г ту ртпстра	ai campaign co	mmillee, to re	eceive and exp	ena iun	us or	i benali oi my	
	NOTE: This de	signation should be	filed with the pr	incipal campa	ign committe	ee.						
	(a) Name of Co	ommittee (in full)										_
	Casey	Keystone V	ictory Fun	d								
	(b) Address (no	umber and street)										_
	PO Box 58	3746										
	(c) City, State,	and ZIP Code										_
	Philadelp	hia				PA	19102					
												_
		certify that I have ex	ramined this Sta	tement and to	the best of i	my knowledge	and belief it is	s true, correct	and com	plete	l.	
Si	gnature of Can	didate					Date					
C	asey, Robert, P.,	, <i>Jr</i> .					04/11/20	24				
NC	OTE: Submissio	n of false, erroneou	s, or incomplete	information n	nay subject t	he person signi	ing this Stater	ment to penalt	ies of 2	J.S.C	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. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Senate PA & NV						
	(b) Address (number and street)						
	600 Pennsylvania Ave SE						
	#15180 (c) City, State, and ZIP Code			_			
	Washington	DC	20003				

8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care						
	(a) Name of Committee (in full)						
	The Liftoff Fund						
	(b) Address (number and street)						
	600 Pennsylvania Ave SE						
	#15180						
	(c) City, State, and ZIP Code	50	20002				
	Washington	DC	20003				
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal can (a) Name of Committee (in full) Ohio Pennsylvania Victory 2024 (b) Address (number and street)						
	600 Pennsylvania Ave SE						
	#15180						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal care (a) Name of Committee (in full)						
	PA RI Victory Fund						
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				

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)

3.	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)					
	NV PA Victory Fund					
	(b) Address (number and street)					
	611 Pennsylvania Ave SE					
	Suite 143 (c) City, State, and ZIP Code					
	Washington	DC	20003			
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the principal candidacy.			my		
	(a) Name of Committee (in full)					
	Wyden Fund for a Senate Majority					
	(b) Address (number and street)					
	600 Pennsylvania Ave SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princi			my —		
	Victory NOW for Casey					
	(b) Address (number and street) PO Box 65322					
	(c) City, State, and ZIP Code					
	Washington	DC	20035			
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princi			my		
	Senate IMPACT					
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180					
	#15180 (c) City, State, and ZIP Code					
	Washington	DC	20003			

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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. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	PA-CT Senate Victory						
	(b) Address (number and street)						
	PO Box 65322						
	(c) City, State, and ZIP Code						
	Washington	DC	20035				
8.		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)						
	OH PA WI Victory Fund						
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180						
	(c) City, State, and ZIP Code						
	Washington	DC	20003				
8.	I hereby authorize the following named committee, which	is NOT my principal campaign of	committee, to receive and expend funds on b	chalf of my			
	candidacy. NOTE: This designation should be filed with the filed w		20003	enan or my			
8.	(a) Name of Committee (in full) MN PA Victory Fund (b) Address (number and street) 611 Pennsylvania Ave SE Num 143 (c) City, State, and ZIP Code	DC is NOT my principal campaign of	20003 committee, to receive and expend funds on b				
8.	(a) Name of Committee (in full) MN PA Victory Fund (b) Address (number and street) 611 Pennsylvania Ave SE Num 143 (c) City, State, and ZIP Code Washington I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with the	DC is NOT my principal campaign of	20003 committee, to receive and expend funds on b				