FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| • • • | ame of Candidate (in full) | | | | | | | | | | |
|---|---|--------------------------|--------------|-------------|---|----------------------|---------------|-----------------|--------------|-------------|--|
| | oran, Joshua, , , | | healt if!-! | | | 0.0000 | | ntifing time. A | lunale a - | | |
| | ldress (number and street) 515 5th Ave. N #305 | Check if address changed | | | 2. Candidate's FEC Identification Number H0TN05374 | | | | | | |
| . , | ty, State, and ZIP Code | | | | _ | 3. Is This | | ew | | ended | |
| | lashville | | TN | 3720 | - | Statem | (| N) OR | (A) | | |
| 4. Party | Affiliation | 5. Office Soug House | ht | | 6. State & Dist | rict of Candid 05 | late | | | | |
| | | | | | | | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. I here | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2020</u> election(s). (year of election) | | | | | | | | | | |
| NOTE | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | | |
| Joshua Moran for Congress Campaign Committee | | | | | | | | | | | |
| () | ldress (number and street) 515 5th Ave. N #305 | | | | | | | | | | |
| (c) Ci | ty, State, and ZIP Code | | | | | | | | | | |
| | Nashville | | | | TN | 37208 | | | | | |
| 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) Ci | ty, State, and ZIP Code | | | | | | | | | | |
| | I certify that I have exa | mined this Stat | ement and to | the best of | my knowledge a | nd belief it is | true, correct | t and comp | ete. | | |
| Signature of Candidate | | | | | | Date | | | | | |
| Moran, Joshua, Quinton, , [El | | | | | tronically Filed] | 02/05/2020 | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | • | | | | I | | | – FE | C FORM 2 (RE | V. 02/2009) | |