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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

=						
1.	(a) Name of Candidate (in full)					
	Lee, Mike, , , (b) Address (number and street)		hook if addrag			2. Candidate's FEC Identification Number
	PO Box 1537	ПС	heck if addres	ss changed		S0UT00165
	(c) City, State, and ZIP Code					3. Is This New Amended
	Salt Lake City		UT	8411	0	Statement (N) OR (A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate
	REPUBLICAN PARTY	Senate			UT	00
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	COMMITTEE
7.	I hereby designate the following nar	ned political co	mmittee as m	y Principal (	Campaign Comn	nittee for the $\frac{2022}{\text{(year of election)}}$ election(s).
	NOTE: This designation should be f	iled with the ap	propriate offic	e listed in t	he instructions.	
	(a) Name of Committee (in full)  Friends of Mike Lee	Ino				
	Frierius of Mike Lee	IIIC				
	(b) Address (number and street) PO Box 1537					
	(c) City, State, and ZIP Code					
	Salt Lake City				UT	84110-1537
	Sait Lake City				0.	01110 1001
	DE				THORIZED  ig Representative	COMMITTEES
		·				
	I hereby authorize the following nam candidacy.	ned committee,	which is NO	my princip	al campaign con	nmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign committ	ee.	
	(a) Name of Committee (in full)					
	Freedomworks PAC	;				
	(b) Address (number and street) PO Box 75760					
	FO BOX 73760					
	(c) City, State, and ZIP Code					
	Washington				DC	20012-0760
	Washington				DC	20013-0760
	•	mined this Stat	ement and to	the best of		20013-0760  nd belief it is true, correct and complete.
Sig	I certify that I have exa	mined this Stat	ement and to	the best of		
	I certify that I have exa	mined this Stat	ement and to		my knowledge a	nd belief it is true, correct and complete.  Date
	I certify that I have exa	mined this Stat	ement and to			nd belief it is true, correct and complete.
	I certify that I have exa	mined this Stat	ement and to		my knowledge a	nd belief it is true, correct and complete.  Date
Le	I certify that I have exa gnature of Candidate e, Mike, , ,			[Elec	my knowledge a	nd belief it is true, correct and complete.  Date
Le	I certify that I have exa gnature of Candidate e, Mike, , ,			[Elec	my knowledge a	nd belief it is true, correct and complete.  Date 04/12/2022
Le	I certify that I have exa gnature of Candidate e, Mike, , ,			[Elec	my knowledge a	nd belief it is true, correct and complete.  Date 04/12/2022

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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	CORNYN VICTORY COMMITTEE					
	(b) Address (number and street) PO BOX 13026					
	(c) City, State, and ZIP Code					
	AUSTIN	NC	78711			
8.	I hereby authorize the following named committee, which is NOT my prir candidacy. <b>NOTE</b> : This designation should be filed with the principal car			ny		
	(a) Name of Committee (in full)			_		
	Mike Lee Victory Fund					
	(b) Address (number and street) PO Box 183			_		
	(c) City, State, and ZIP Code			_		
	Hudson	WI	54016-0183			
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal car  (a) Name of Committee (in full)  Gimenez Lee Victory  (b) Address (number and street)			ny 		
	PO Box 183					
	(c) City, State, and ZIP Code					
	Hudson	WI	54016			
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)					
	2021 SENATORS CLASSIC COMMITTEE					
	(b) Address (number and street) 228 S. WASHINGTON STREET					
	SUITE 115					
	(c) City, State, and ZIP Code			_		
	ALEXANDRIA	VA	22314			

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	4
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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	TEAM MCCONNELL					
	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22314			
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. <b>NOTE</b> : This designation should be filed with the principal cam					
	(a) Name of Committee (in full)					
	TAKE BACK THE SENATE					
	(b) Address (number and street) PO BOX 9891					
	(c) City, State, and ZIP Code					
	ARLINGTON	VA	22219			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal candidacy.  (a) Name of Committee (in full)  Winning Red Committee					
	(b) Address (number and street) PO Box 183					
	(c) City, State, and ZIP Code					
	Hudson	WI	54016			
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	FREEDOMWORKS VICTORY 2022					
	(b) Address (number and street) PO BOX 26141					
	(c) City, State, and ZIP Code					
	ALEXANDRIA	VA	22313			

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>4</sup> of	4	
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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 o candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.		
	(a) Name of Committee (in full)	
	2022 Senators Classic Committee	
	(b) Address (number and street) 228 S. Washington Street Suite 115	
	(c) City, State, and ZIP Code	
	Alexandria VA 22314	
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)	
	Red Victory 22	
	(b) Address (number and street) PO Box 183	
	(c) City, State, and ZIP Code	
	Hudson WI 54016	
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)	
	(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	