FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	ND								
_	ROMNEY, WILLARD, MITT, MR, (b) Address (number and street)				2 Candida	2. Candidate's FEC Identification Number				
	PO BOX 7000		nieck ii addie	ss changed		S8UT		milication	Number	
_	(c) City, State, and ZIP Code					3. Is This	s N	lew		Amended
	OREM		UT	8405	9	Staten	nent (f	N) OR	X	(A)
4.	Party Affiliation	5. Office Soug			6. State & Dis		date			
	REPUBLICAN PARTY	Senate			UT	00				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be	iled with the ap	propriate offi	ce listed in t	ne instructions.					
(a) Name of Committee (in full) ROMNEY FOR UTAH INC										
	(b) Address (number and street) PO BOX 7000									
	(c) City, State, and ZIP Code									
	OREM				UT	84059)			
	DE	SIGNATIO	N OF OT	MED VII.	THORIZED	COMMIT	TEEQ			
				_	g Representativ		ILLS			
0	I havely a wharing the fallowing non	·				,	sasiua and as			alf of man
0.	I hereby authorize the following nan- candidacy.	ieu committee,	WITICIT IS INO	т тту рттстр	ai campaign coi	mmillee, to re	ceive and ex	хрена тапа	s on bei	iali Oi IIIy
	,									
	NOTE: This designation should be f	iled with the pr	incipal campa	iign committ	ee.					
	(a) Name of Committee (in full)									
	FRIENDS OF MITT	JOINT F	UNDRAI	SING C	OMMITTE	ΞE				
_	(b) Address (number and street)									
	C/O RED CURVE SOLUTION	S								
	138 CONANT STREET, SUIT	E 401								
	(c) City, State, and ZIP Code									
	BEVERLY				MA	01915				
_										
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correc	t and comp	olete.	
Si	gnature of Candidate					Date				
ROMNEY, WILLARD, MITT, MR, [Electronically Filed] 07/14/2023										
				LEice	ronicany i neaj	'				
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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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	3	
Page	- ot	•	

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)							
	BELIEVE IN UTAH JOINT FUNDRAISING COMM	TTEE						
	(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT STREET, SUITE 401							
	(c) City, State, and ZIP Code							
	BEVERLY M.	A	01915					
3.	I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE : This designation should be filed with the principal campaign of (a) Name of Committee (in full)		nmittee, to receive and expend funds on behalf of my					
	2024 REPUBLICAN SENATE VICTORY							
	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA		22314					
3.	3. I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE: This designation should be filed with the principal campaign of (a) Name of Committee (in full) TEAM MITT (b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT STREET, SUITE 401 (c) City, State, and ZIP Code	-	nmittee, to receive and expend funds on behalf of my					
	BEVERLY MA		01915					
3.	3. I hereby authorize the following named committee, which is NOT my principal ca candidacy. NOTE: This designation should be filed with the principal campaign of (a) Name of Committee (in full) CORNYN VICTORY COMMITTEE (b) Address (number and street) PO BOX 13026		nmittee, to receive and expend funds on behalf of my					
	(c) City, State, and ZIP Code							
	AUSTIN TX		78711					

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page ___3 **of** _3___

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 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 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							