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#### FEC FORM 2

#### STATEMENT OF CANDIDACY

							=
1. (a	) Name of Candidate (in full)						
	Moran, Jerry, , ,						
d)	e) Address (number and street) 2400 Sumac Dr	ЦС	check if addre	ss cnanged		Candidate's FEC Identification Number     S0KS00091	
(c	c) City, State, and ZIP Code					3. Is This New Amende	t
	Manhattan		KS	6650	2-3116	Statement (N) OR (A)	
4. Pa	arty Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate	
F	REPUBLICAN PARTY	Senate			KS	00	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7. I ł	nereby designate the following nar	med political co	mmittee as n	ny Principal	Campaign Comr	mittee for the 2022 election(s). (year of election)	
	OTE: This designation should be	filed with the ap	propriate offi	ce listed in t	he instructions.		_
(a	Name of Committee (in full)  MORAN FOR KANS	SAS					
(b	o) Address (number and street) PO Box 541						
(c	c) City, State, and ZIP Code						
	Belleville				KS	66935-0541	
0 11	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)						
	andidacy.	nea committee,	, which is NO	т ту рппсір	ai campaign cor	mmittee, to receive and expend funds on behalf of my	
N	OTE: This designation should be to	filed with the pr	incipal campa	aign commit	ee.		
(а	Name of Committee (in full) Red Victory 2022						
(b	) Address (number and street) PO Box 183						
(c	c) City, State, and ZIP Code						_
	Hudson				WI	54016-0183	
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.	
Sign	ature of Candidate					Date	_
More	an, Jerry, , ,			[Elec	tronically Filed]	04/19/2022	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.							
NOT	E: Submission of false, erroneous	, or incomplete	information n	nay subject	the person signir	ng this Statement to penalties of 2 U.S.C. §437g.	_
NOT	E: Submission of false, erroneous	, or incomplete	information n	nay subject	the person signir	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)

#### : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

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.	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	TX	78711				
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)						
	2022 Senators Classic Committee						
	(b) Address (number and street) 228 S Washington St Ste 115						
	(c) City, State, and ZIP Code						
	Alexandria	VA	22314-5404				
8.	I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the property (a) Name of Committee (in full)  Team McConnell		·	ds on behalf of my			
	(b) Address (number and street) 228 S Washington St						
	Ste 115						
	(c) City, State, and ZIP Code						
	Alexandria	VA	22314-5404				
8.		OT my principal campaign	committee, to receive and expend fun	ds on behalf of my			
8.	I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the process (a) Name of Committee (in full)  Moran Victory Committee  (b) Address (number and street)	OT my principal campaign	committee, to receive and expend fun	ds on behalf of my			

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)

	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)  2021 Senators Classic Committee  (b) Address (number and street) 228 S Washington St Ste 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)						
	(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. <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						