

Image# 202212079547178419

PAGE 1 / 4

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Moran, Jerry, , ,			2. Candidate's FEC Identification Number S0KS00091	
(b) Address (number and street) 2400 Sumac Dr		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Manhattan KS 66502-3116		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate KS 00		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) MORAN FOR KANSAS		
(b) Address (number and street) PO Box 541		
(c) City, State, and ZIP Code Belleville KS 66935-0541		

### 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) Red Victory 2022		
(b) Address (number and street) PO Box 183		
(c) City, State, and ZIP Code Hudson WI 54016-0183		

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

Signature of Candidate Moran, Jerry, , ,  [Electronically Filed]	Date 12/07/2022
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**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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Form/Schedule:  
Transaction ID:

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 3 of 4

FEC Form 2S (Revised 02/2017)

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)

Cornyn Victory Committee

(b) Address (number and street)

PO Box 13026

(c) City, State, and ZIP Code

Austin

TX

78711

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)

2022 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. **NOTE:** This designation should be filed with the principal campaign committee.

(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 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 St

Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 4 of 4

FEC Form 2S (Revised 02/2017)

## 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)

Moran Victory Committee

(b) Address (number and street)

PO Box 541

(c) City, State, and ZIP Code

Belleville

KS

66935

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)

2021 Senators Classic Committee

(b) Address (number and street)

228 S Washington St

Ste 115

(c) City, State, and ZIP Code

Alexandria

VA

22314

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

(c) City, State, and ZIP Code