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FEC FORM 2

STATEMENT OF CANDIDACY

| 4 /=\ NI=== | 4 0 | fIIV | | | | | | | | | |
|----------------------|---|--------------|---------------------|----------------|-----------------|-----------------|---------------------|-------------------------|-------------|----------|-------------|
| ` ' | e of Candidate (i CORMICK, DAV | , | | | | | | | | | |
| | ess (number and BOX 23537 | l street) | □С | heck if addre | ss changed | | 2. Candida S2PA0 | ate's FEC Ider 00661 | ntification | Numbe | r |
| | State, and ZIP C | ode | | P.A | 15222 | 2 | 3. Is This | | ew) OR | × | Amended (A) |
| 4. Party Aff | | | 5. Office Soug | lht | | 6. State & Dis | strict of Candi | date | | | |
| REPUE | BLICAN PARTY | | Senate | | | PA | 00 | | | | |
| | | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIG | N COMM | ITTEE | | | |
| 7. I hereby | designate the fo | llowing nan | ned political co | mmittee as m | ny Principal C | Campaign Com | mittee for the | year of elec | | tion(s). | |
| | his designation | | iled with the ap | propriate offi | ce listed in th | e instructions. | | | | | |
| , | e of Committee (| , | | | | | | | | | |
| FF | RIENDS OF | DAVE | MCCOR | MICK | | | | | | | |
| (b) Addr | ess (number and | l street) | | | | | | | | | |
| РО | BOX 23537 | | | | | | | | | | |
| (c) City, | State, and ZIP C | ode | | | | | | | | | |
| Pl | ΓTSBURGH | | | | | PA | 15222 | 2 | | | |
| | | | | | | | | | | | |
| | | DE | SIGNATIO | | | | | TEES | | | |
| | | | (| Including Joir | nt Fundraisin | g Representati | ves) | | | | |
| 8. I hereby candidad | authorize the fol cy. | lowing nam | ned committee, | which is NO | T my principa | al campaign co | mmittee, to re | eceive and ex | oend fund | s on be | half of my |
| NOTE: 7 | his designation | should be fi | iled with the pri | ncipal campa | aign committe | ee. | | | | | |
| (a) Nam | e of Committee (| in full) | | | | | | | | | |
| D/ | AVE MCC | ORMIC | K FOR U | S SENA | TE | | | | | | |
| (b) Addr | ess (number and | I street) | | | | | | | | | |
| PO | BOX 23537 | | | | | | | | | | |
| (c) City, | State, and ZIP C | ode | | | | | | | | | |
| PIT | TSBURGH | | | | | PA | 15222 | 2 | | | |
| | l contifu that | I have eve | main and their Ctar | tomont on dita | the best of | | and haliaf it is | | and acres | oloto. | |
| Ciamatura | of Candidate | Triave exa | mined this Stat | етені апо іс | ine best of i | пу кложіваде | | s true, correct | апа сотр | лете. | |
| | | | | | | | Date | 00.4 | | | |
| MCCORMI | CK, DAVE, , , | | | | | | 08/23/20 | J24 | | | |
| NOTE: Sub | NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

| (| Includina | Joint | Fundraising | Ren | resentativ | es) |
|---|-----------|-------|-------------|-----|------------|-----|
| | | | | | | |

| 8. | 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 MCCORMICK | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | PO BOX 23537 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | PITTSBURGH | PA | 15222 | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal can | | - | my | | | |
| | (a) Name of Committee (in full) | | | | | | |
| | 2024 THUNE REPUBLICAN SENATE VICTO | RY | | | | | |
| | (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 candidacy. NOTE: This designation should be filed with the principal candidacy. Name of Committee (in full) RECLAIM THE MAJORITY | | - | my | | | |
| | (b) Address (number and street) 421 OFFICE PARK DRIVE | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | MOUNTAIN BROOK | AL | 35223 | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE : This designation should be filed with the principal care | | • | my | | | |
| | (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 | | | | |
| | | | | | | | |

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 Fund | draising Represe | ntatives) | | | | | |
|--|--|-----------------------------|-----------|--------|--|--|--|--|
| 3. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
| | (a) Name of Committee (in full) | Name of Committee (in full) | | | | | | |
| MCCORMICK FOR PA SENATE REPUBLICAN NOMINEE FUND 2024 | | | | | | | | |
| | (b) Address (number and street) PO BOX 9891 | | | | | | | |
| | (c) City, State, and ZIP Code | | | _ | | | | |
| | ARLINGTON | VA | 22219 | | | | | |
| | | | | _ | | | | |
| 3. | I hereby authorize the following named committee, which is NOT my p candidacy. NOTE : This designation should be filed with the principal of | | | , | | | | |
| | (a) Name of Committee (in full) | | | _ | | | | |
| | SENATE PATH TO VICTORY 2024 | | | | | | | |
| | (b) Address (number and street) 421 OFFICE PARK DRIVE | | | - | | | | |
| | (c) City, State, and ZIP Code | | | - | | | | |
| | MOUNTAIN BROOK | AL | 35223 | | | | | |
| 3. | I hereby authorize the following named committee, which is NOT my p candidacy. NOTE: This designation should be filed with the principal of (a) Name of Committee (in full) HOVDE MCCORMICK VICTORY COMMITTI | ampaign commit | | r — | | | | |
| | | - - | | _ | | | | |
| | (b) Address (number and street) 421 OFFICE PARK DRIVE | | | | | | | |
| | (c) City, State, and ZIP Code | | | _ | | | | |
| | MOUNTAIN BROOK | AL | 35223 | | | | | |
| 3. | I hereby authorize the following named committee, which is NOT my p candidacy. NOTE: This designation should be filed with the principal of (a) Name of Committee (in full) ROAD TO VICTORY (b) Address (number and street) 421 OFFICE PARK DRIVE | | • | , _ | | | | |
| | (c) City, State, and ZIP Code | | | - | | | | |
| | MOUNTAIN BROOK | AL | 35223 | | | | | |

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. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
|----|---|----------------------|--|--|--|--|--|--|
| | Name of Committee (in full) | | | | | | | |
| | BRITT SENATE VICTORY | BRITT SENATE VICTORY | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | 421 OFFICE PARK DRIVE | | | | | | | |
| | (c) City, State, and ZIP Code | _ | | | | | | |
| | MOUTAIN BROOK AL 35223 | | | | | | | |
| 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 | | | | | | | |