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FEC FORM 2

STATEMENT OF CANDIDACY

_										
1.	(a) Name of Candidate (in full)									
	KAVANAUGH, DOMINICK, , , (b) Address (number and street) ☐ Check if address changed					2. Candidate's FEC Identification Number				
	235 N BURKHARDT RD NUM 1029				H4IN06169					
	(c) City, State, and ZIP Code) City, State, and ZIP Code EVANSVILLE IN 47715				nent Ne		X	Amended (A)	
4.	Party Affiliation	5. Office Sought		6. State & Dis		` `	, OIL	-		
	REPUBLICAN PARTY	House		IN	08					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
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 filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	KAVANAUGH FOR CONGRESS									
(b) Address (number and street)										
	235 N BURKHARDT RD									
	NUM 1029 (c) City, State, and ZIP Code									
	EVANSVILLE			IN	47715	;				
	EVAINSVILLE			IIV	4//10	,				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	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										
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	Signature of Candidate Date Date									
		02/06/2024								
KAVANAUGH, DOMINICK, , ,						24				
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)

: 97 'A = G7 9 @ G5 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:

CORRECTING DISTRICT FROM TYPO

Form/Schedule: Transaction ID: