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## FEC FORM 2

## STATEMENT OF CANDIDACY

	e of Candidate (in full)								
	ore, Felix, Barry, ,		la a a la Maria de la Co			0.0	-1	l	
	ress (number and street) . Box 310815	☐ Check if address changed			Candidate's FEC Identification Number     H8AL02171				
. , , , ,	State, and ZIP Code					3. Is This	New	Amended	
	erprise		AL	3633	1	Statement	(N) OR	× (A)	
4. Party Af	filiation	5. Office Soug	ht			trict of Candidate			
REPUE	BLICAN PARTY	House			AL	01			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7. I hereby	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)								
NOTE:	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
(a) Nam	e of Committee (in full)								
BARRY MOORE FOR CONGRESS									
(b) Addr	ress (number and street)								
P.C	D. BOX 310815								
(c) City,	State, and ZIP Code								
EN	NTERPRISE				AL	36331			
(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) Nam	e of Committee (in full)								
FF	RESHMAN AGR	ICULTUR/	L REPL	IBLICA	N MEMBE	RS TRUST AK	A FARM	TRUST	
(b) Addr	ress (number and street)								
РО	BOX 30844								
(c) City,	State, and ZIP Code								
BE	THESDA				MD	20824			
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						Date			
Moore, Fei	lix, Barry, ,					11/15/2024			
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

Page	<sup>2</sup> of	2	
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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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST								
	(b) Address (number and street)								
	PO BOX 30844								
	(c) City, State, and ZIP Code								
	BETHESDA	MD	20824						
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign								
	(a) Name of Committee (in full)								
	(a) rame of commutee (in rail)								
	(b) Address (number and street)								
	(a) hadrood (hambol and olicot)								
	(c) City, State, and ZIP Code								
	(0, 0.0), 0.000, 0.10 2 0000								
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaignation.		mmittee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)								
	(-),								
	(b) Address (number and street)								
	(b) Address (Hamber and street)								
	(c) City, State, and ZIP Code								
	(b) Oity, Otato, and Zir Gode								
0	I have by outboxize the fallowing named committee which is NOT my principal	l compoint co	mmittee to receive and expend funds on behalf of my						
ο.	I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaignation.		minilitiee, to receive and expend funds on behalf of my						
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								