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FEC FORM 2

STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full) Mrvan, Frank, J., ,								
	(b) Address (number and street) 8717 Idlewild Avenue	☐ Check if address changed				Candidate's FEC Identification Number H0IN01150			
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Highland		IN	4632	2	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	jht			trict of Candidate			
	DEMOCRATIC PARTY	House			IN	01			
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)								
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)								
	Mrvan for Congress								
	(b) Address (number and street)								
	PO Box 55								
	(c) City, State, and ZIP Code								
	Crown Point				IN	46308			
(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)									
	Mrvan Victory Fund								
	(b) Address (number and street)								
	600 Pennsylvania Avenue SE								
	#15180 (c) City, State, and ZIP Code								
	Washington				DC	20003			
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									
	gnature of Candidate					Date			
М	gnature of Candidate Trvan, Frank, J., ,					Date 10/10/2025			
М									
	rvan, Frank, J., ,	, or incomplete	information m	nay subject t	he person signi				
	rvan, Frank, J., ,	, or incomplete	information m	nay subject t	he person signi	10/10/2025			

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(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)									
	Blue to the Future 2024									
	(b) Address (number and street)									
	430 South Capitol Street SE 2nd Floor									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
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)	(a) Name of Committee (in full)								
	Frontline Protection Fund									
	(b) Address (number and street)									
	PO Box 65322									
	(c) City, State, and ZIP Code									
	Washington	DC	20035							
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)									
	Jeffries Battleground Protection Fund									
	(b) Address (number and street)									
	430 South Capitol Street SE 2nd Floor									
	(c) City, State, and ZIP Code									
	Washington	DC	20003							
8.	I hereby authorize the following named committee, which is NOT my princi candidacy. NOTE : This designation should be filed with the principal camp									
	(a) Name of Committee (in full)	oaigii ooiiiiiiiiio								
	(a) Name of Committee (in run)									
	(b) Address (number and street)									
	(b) Addition (Halling and Street)									
	(c) City, State, and ZIP Code									
	(c) Oity, State, and ZIF Gode									