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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
GOODEN, LANCE, , ,

(b) Address (number and street) ☐ Check if address changed
PO BOX 2125

2. Candidate's FEC Identification Number
H8TX05144

(c) City, State, and ZIP Code
TERRELL TX 75160

3. Is This Statement ☐ New (N) **OR** ☒ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
REPUBLICAN PARTY	House	TX 05

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) election(s).

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

(a) Name of Committee (in full)
LANCE GOODEN FOR CONGRESS COMMITTEE

(b) Address (number and street)
PO BOX 2125

(c) City, State, and ZIP Code
TERRELL TX 75160

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)
GOODEN VICTORY FUND

(b) Address (number and street)
75 S HIGH ST
STE. 4

(c) City, State, and ZIP Code
DUBLIN OH 43017

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
GOODEN, LANCE, , , ***[Electronically Filed]***	11/16/2022

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 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

FOUNDING FATHERS VICTORY FUND

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT ST, 2ND FL

(c) City, State, and ZIP Code

BEVERLY MA 01915

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