

Image# 202202099491613530

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) YOUNG, TODD, CHRISTOPHER, ,			2. Candidate's FEC Identification Number S6IN00191	
(b) Address (number and street) PO BOX 3743		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CARMEL IN 46082		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate IN 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s).
(year of election)

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

(a) Name of Committee (in full) FRIENDS OF TODD YOUNG, INC.		
(b) Address (number and street) PO BOX 3743		
(c) City, State, and ZIP Code CARMEL IN 46082		

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) YOUNG VICTORY COMMITTEE		
(b) Address (number and street) PO BOX 3743		
(c) City, State, and ZIP Code CARMEL IN 46082		

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 YOUNG, TODD, , , <i>[Electronically Filed]</i>	Date 02/09/2022
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

CORNYN VICTORY COMMITTEE

(b) Address (number and street)

PO BOX 13026

(c) City, State, and ZIP Code

AUSTIN

TX

78711

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)

TAKE BACK THE SENATE

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

BARRASSO YOUNG VICTORY FUND

(b) Address (number and street)

901 N WASHINGTON ST

SUITE 700

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

LANKFORD YOUNG VICTORY COMMITTEE

(b) Address (number and street)

228 S. WASHINGTON ST.

STE. 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

138 CONANT STREET, SECOND FLOOR

(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)

BARRASSO YOUNG VICTORY FUND

(b) Address (number and street)

901 N WASHINGTON ST

SUITE 700

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

TEAM MCCONNELL

(b) Address (number and street)

228 S. WASHINGTON STREET

SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code