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Image# 202305019581312542

FEC FORM 2

STATEMENT OF CANDIDACY

_	() N () () () () () () () () (
1.	(a) Name of Candidate (in full)					
	McCarthy, Kevin, , ,	ПСЬ	ook if addrag	a abangad		2. Candidate's FEC Identification Number
	(b) Address (number and street) PO Box 12667		eck if addres	s changed		H6CA22125
	(c) City, State, and ZIP Code					3. Is This New Amended
	Bakersfield		CA	9338	9-2667	Statement (N) OR (A)
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate
	REPUBLICAN PARTY	House			CA	20
	DE	SIGNATIO	N OF PRII	NCIPAL	CAMPAIGN	N COMMITTEE
7.	I hereby designate the following nar	ned political con	nmittee as my	/ Principal (Campaign Comn	nittee for the $\frac{2024}{\text{(year of election)}}$ election(s).
	NOTE: This designation should be f	iled with the app	propriate office	e listed in th	ne instructions.	
	(a) Name of Committee (in full)	0				
	Kevin McCarthy for	Congress				
	(b) Address (number and street)					
	PO Box 12667					
	(c) City, State, and ZIP Code					
	Bakersfield				CA	93389-2667
	DE	SIGNATION	N OF OTH	IER AU	THORIZED	COMMITTEES
	DE				THORIZED g Representative	
0		(Ir	ncluding Joint	Fundraisin	g Representativ	es)
		(Ir	ncluding Joint	Fundraisin	g Representativ	
	I hereby authorize the following nan candidacy.	(Ir	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following nam candidacy. NOTE: This designation should be f	(Ir	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formula in the following name of Committee (in full)	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following nam candidacy. NOTE: This designation should be f	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) Take Back The Hou	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formula in the following name of Committee (in full)	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) Take Back The House (b) Address (number and street)	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) Take Back The House (b) Address (number and street)	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formal for	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es)
	I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code	(Irned committee, valued with the prince)	ncluding Joint	Fundraisin my principa	g Representativ	es) nmittee, to receive and expend funds on behalf of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formal for	(In ned committee, while the pringle of the pringle	ncluding Joint which is NOT	Fundraisin my principa	g Representative al campaign con ee.	es) nmittee, to receive and expend funds on behalf of my
	I hereby authorize the following name candidacy. NOTE: This designation should be formal for	(In ned committee, while the pringle of the pringle	ncluding Joint which is NOT	Fundraisin my principa	g Representative al campaign con ee.	es) nmittee, to receive and expend funds on behalf of my 20824-0844
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda	(In ned committee, while the pringle of the pringle	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative all campaign con ee. MD my knowledge a	es) nmittee, to receive and expend funds on behalf of my 20824-0844 and belief it is true, correct and complete. Date
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda I certify that I have example of Candidate	(In ned committee, while the pringle of the pringle	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative al campaign con ee.	es) nmittee, to receive and expend funds on behalf of my 20824-0844 and belief it is true, correct and complete.
Sig	I hereby authorize the following name candidacy. NOTE: This designation should be following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda I certify that I have example of Candidate	(In ned committee, while the pringle of the pringle	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative all campaign con ee. MD my knowledge a	es) nmittee, to receive and expend funds on behalf of my 20824-0844 and belief it is true, correct and complete. Date
Sig Mc	I hereby authorize the following name candidacy. NOTE: This designation should be formation and the following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda I certify that I have example of Candidate (Carthy, Kevin, , ,	(In the committee, while died with the pringle Se 2022	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative all campaign consee. MD my knowledge as a cronically Filed]	es) nmittee, to receive and expend funds on behalf of my 20824-0844 and belief it is true, correct and complete. Date
Sig Mc	I hereby authorize the following name candidacy. NOTE: This designation should be formation and the following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda I certify that I have example of Candidate (Carthy, Kevin, , ,	(In the committee, while died with the pringle Se 2022	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative all campaign consee. MD my knowledge as a cronically Filed]	20824-0844 20824-0844 Date 05/01/2023
Sig Mc	I hereby authorize the following name candidacy. NOTE: This designation should be formation and the following name of Committee (in full) Take Back The House (b) Address (number and street) PO Box 30844 (c) City, State, and ZIP Code Bethesda I certify that I have example of Candidate (Carthy, Kevin, , ,	(In the committee, while died with the pringle Se 2022	ncluding Joint which is NOT	Fundraisin my principa gn committe the best of	g Representative all campaign consee. MD my knowledge as a cronically Filed]	20824-0844 20824-0844 Date 05/01/2023

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)					
	McCarthy Victory Fund					
	(b) Address (number and street) PO Box 30844					
	(c) City, State, and ZIP Code					
	Bethesda	MD	20824-0844			
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) UNITED TO WIN					
	(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 princip candidacy. NOTE: This designation should be filed with the principal campa (a) Name of Committee (in full) Majority Conservative Fund					
	(b) Address (number and street) PO Box 30844					
	(c) City, State, and ZIP Code					
	Bethesda	MD	20824-0844			
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Protect the House 2024					
	(b) Address (number and street) PO Box 30844					
	(c) City, State, and ZIP Code					
	Bethesda	MD	20824-0844			

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)						
3.	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)					
	PROTECT THE HOUSE NEW YORK 2024						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA MD 20824						
3.	 I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive an candidacy. NOTE: This designation should be filed with the principal campaign committee. 	nd expend funds on behalf of my					
	(a) Name of Committee (in full)						
	Protect the House California 2024						
	(b) Address (number and street) PO Box 30844						
	(c) City, State, and ZIP Code						
	Bethesda MD 20824						
3.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive an 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	d expend funds on behalf of my					
3.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive an candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)	nd expend funds on behalf of my					
	(c) City. State, and ZIP Code						