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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Moore, Felix, Barry, ,		
(b) Address (number and street) P.O. Box 310815		☐ Check if address changed
(c) City, State, and ZIP Code Enterprise AL 36331		2. Candidate's FEC Identification Number H8AL02171
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
5. Office Sought House	6. State & District of Candidate AL 02	

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) BARRY MOORE FOR CONGRESS		
(b) Address (number and street) P.O. BOX 310815		
(c) City, State, and ZIP Code ENTERPRISE AL 36331		

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) 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		

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 Moore, Felix, Barry, , [Electronically Filed]	Date 05/24/2021
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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 CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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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

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(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