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FEC FORM 2

STATEMENT OF CANDIDACY

| _ | | | | | | | | |
|---|--|---|-----------------|-----------------|-----------------|---|-----------|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | |
| | Reddy, Prasanth, , Dr., (b) Address (number and street) | Chack if address changed | | | | 2 Candidate's EEC Identification Number | | |
| | PO Box 15804 | ☐ Check if address changed | | | | Candidate's FEC Identification Number H4KS03212 | | |
| | (c) City, State, and ZIP Code | | | | | | Amended | |
| | Lenexa | | KS | 6628 | | ` ' | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ght | | | rict of Candidate | | |
| | REPUBLICAN PARTY | House | | | KS | 03 | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIG | N COMMITTEE | | |
| 7. | I hereby designate the following na | hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | |
| | NOTE: This designation should be | filed with the ap | opropriate offi | ce listed in th | e instructions. | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | REDDY FOR KANSAS | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | BO BOX 15804 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | LENEXA | | | | KS | 66285 | | |
| | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HED AII | HODIZED | COMMITTEES | | |
| | DL | | | | g Representativ | | | |
| 0 | I become a substitute of the following of the | | | | | • | - If - f | |
| 8. | candidacy. | nea committee | , which is ino | my principa | ai campaign coi | nmittee, to receive and expend funds on beha | air or my | |
| | NOTE: This designation should be | filed with the pr | incipal campa | ign committe | e. | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | GROW THE MAJO | RITY | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | 228 S WASHINGTON ST ST | E 115 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | ALEXANDRIA | | | | VA | 22314 | | |
| | | | | | | | | |
| 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 | | |
| Reddy, Prasanth, , Dr., | | | | | | 04/04/2024 | | |
| | | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | |
| | | | | | | | . 9. | |
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| | | | | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Dogo | 2 of | 2 |
|------|-----------------|---|
| Page | ² of | _ |

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) | | | | | | | | |
| | SCALISE LEADERSHIP FUND 2024 | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | 320 1ST ST SE | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | WASHINGTON | DC | 20003 | | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campaig | | nmittee, to receive and expend funds on behalf of my | | | | | | |
| | (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 candidacy. NOTE : This designation should be filed with the principal campaig | mmittee, to receive and expend funds on behalf of my | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | (c) Oity, State, and Zir Gode | | | | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my principal | l campaign cor | nmittee. 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 | | | | | | | | |
| | | | | | | | | | |