FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

				_			
1.	(a) Name of Candidate (in full)						
	Calvert, Ken, , ,						
	(b) Address (number and street) PO Box 2438	Check	if address c	hanged		2. Candidate's FEC Identification Number H2CA37023	
	(c) City, State, and ZIP Code						Amended
	Corona		CA	9287	8	Statement (N) OR	(A)
4.	Party Affiliation	5. Office Sought				trict of Candidate	
	REPUBLICAN PARTY	House			CA	41	
	DE	SIGNATION O	F PRINC	IPAL	CAMPAIG		
7.	I hereby designate the following na	med political committ	ee as my P	rincipal (Campaign Comr	nittee for the $\frac{2024}{(\text{year of election})}$ election(s).	
	NOTE: This designation should be	filed with the appropr	iate office li	sted in th	ne instructions.		
	(a) Name of Committee (in full)						
	KEN CALVERT FO	R CONGRES	S COM	MITT	EE		
	(b) Address (number and street)						
	PO BOX 2438						
	(c) City, State, and ZIP Code						
	CORONA				CA	92878	
	DF	SIGNATION O	F OTHE			COMMITTEES	
			-	-	g Representativ		
0							lf of my
о.	candidacy.	ned committee, which			ai campaign cor	nmittee, to receive and expend funds on beha	
	canalady.						
	NOTE: This designation should be t	filed with the principa	l campaign	committe	ee.		
	(a) Name of Committee (in full)						
	Calvert Victory Fun	d					
	(b) Address (number and street)						
	PO Box 30844						
	(c) City, State, and ZIP Code				MD	00004	
	Bethesda				MD	20824	
	I certify that I have exa	mined this Statemen	nt and to the	best of	my knowledge a	and belief it is true, correct and complete.	
Sig	gnature of Candidate					Date	
C	alvert, Ken, , ,					02/09/2024	
0	<i>aircht</i> , <u>Hen</u> , , ,						
NC	DTE: Submission of false, erroneous	, or incomplete inforn	nation may	subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §43	7g.
L						FEC FORM 2	

FEC FORM 2 (REV. 02/2009)

Image# 202402099619757730

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)			
PROTECT THE HOUSE 2024			
(b) Address (number and street)			
PO BOX 30844			
(c) City, State, and ZIP Code			
BETHESDA	MD	20824	

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)		
PROTECT THE HOUSE CALIFORNIA 2024		
(b) Address (number and street)		
PO BOX 30844		
(c) City, State, and ZIP Code		
BETHESDA	MD	20824

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 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)		
AMERICAN BATTLEGROUND FUND		
(b) Address (number and street) PO BOX 30844		
(c) City, State, and ZIP Code		
BETHESDA	MD	20824

Image# 202402099619757731

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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(a) Name of Committee (in full)		
EMMER MAJORITY BUILDERS		
(b) Address (number and street)		
824 S. MILLEDGE AVE. STE. 101		
(c) City, State, and ZIP Code		
ATHENS	GA	30605

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)			
GROW THE MAJORITY			
(b) Address (number and street)			
228 S Washington Street #115			
(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)	
(b) Address (number and street)	

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code