

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MOODY, ASHLEY, , ,		
(b) Address (number and street) 301 W. PLATT ST. #A663		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code TAMPA		2. Candidate's FEC Identification Number S6FL00640
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate FL 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

MOODY FOR FLORIDA

(b) Address (number and street)

301 W. PLATT ST.
#A663

(c) City, State, and ZIP Code

TAMPA

FL 33606

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)

ASHLEY MOODY VICTORY FUND

(b) Address (number and street)

301 W. PLATT ST
#A663

(c) City, State, and ZIP Code

TAMPA

FL 33606

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

MOODY, ASHLEY, , ,

Date

01/13/2026

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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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)

ONE TEAM SENATE MAJORITY

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

FRIENDS OF KENNEDY

(b) Address (number and street)

3337 NORTH HULLEN ST.
SUITE 301

(c) City, State, and ZIP Code

METAIRIE

LA

70002

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)

GOP WINNING WOMEN 2026

(b) Address (number and street)

228 S WASHINGTON ST STE 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)

SECURE THE US SENATE 2026

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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)

KEEP THE SENATE

(b) Address (number and street)

421 OFFICE PARK DR

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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 MORENO

(b) Address (number and street)

P.O. BOX 340797

(c) City, State, and ZIP Code

COLUMBUS

OH

43234

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)

KEEP THE SENATE RED 2026

(b) Address (number and street)

PO BOX 130708

(c) City, State, and ZIP Code

TAMPA

FL

33681

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