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FEC FORM 2

STATEMENT OF CANDIDACY

` '	me of Candidate (in full)								
	oran, Jerry, , ,								
	dress (number and street) 400 Sumac Dr	☐ Check if address changed			2. Candidate's FEC Identification Number S0KS00091				
` '	y, State, and ZIP Code					3. Is This	New		Amended
	lanhattan	_	KS	6650	2-3116	Statement	(N)	OR	X (A)
4. Party	Affiliation	5. Office Soug	ht			trict of Candidate			
REP	JBLICAN PARTY	Senate			KS	00			
	DE	ESIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTE	E		
7. I here	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election)					3).			
	: This designation should be	filed with the ap	propriate offi	ce listed in t	he instructions.				
` ,	me of Committee (in full)								
	MORAN FOR KANS	SAS							
(b) Ad	dress (number and street)								
F	O Box 541								
(c) Cit	y, State, and ZIP Code								
1	Belleville				KS	66935-0541			
	D	COLONIATIO	N 05 05		TUODIZED	00141417755	•		
	DE				I HORIZED g Representativ	COMMITTEE (es)	.5		
9 I boro	by authorize the following nar	mad committee	which is NO	T my princin	al campaign cor	mmittae te receive	and avnan	d funds on	hobalf of my
candi	•	nea committee,	WIIICIT IS INO	i iliy pililoip	ai campaign coi	minitee, to receive	and expend	a runus on	beliali of fily
NOTE	: This designation should be	filed with the pri	ncipal campa	ign committ	ee.				
(a) Na	me of Committee (in full)								
ŀ	Kansas First Victor	y Committ	ee						
(b) Ac	dress (number and street)								
1;	305 W 11th St								
2	13								
	y, State, and ZIP Code								
H	louston				TX	77008-6501			
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					
Moran, Jerry, , ,				07/30/2024					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.									
		1							

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F2A Transaction ID:

Form/Schedule: Transaction ID:

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)						
	Red Victory 2022						
	(b) Address (number and street)						
	PO Box 183						
	(c) City, State, and ZIP Code						
	Hudson	WI	54016-0183				
8.		ereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my ndidacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)						
	Cornyn Victory Committee						
	(b) Address (number and street) PO Box 13026						
	(c) City, State, and ZIP Code			_			
	Austin	TX	78711				
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)						
	2022 Senators Classic Committee						
	(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 NO candidacy. NOTE : This designation should be filed with the prin (a) Name of Committee (in full)			unds on behalf of my			
	Take Back the Senate						
	(b) Address (number and street) PO Box 9891						
	(c) City, State, and ZIP Code						
	Arlington	VA	22219				

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.	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 McConnell						
	(b) Address (number and street)						
	228 S Washington St Ste 115						
	(c) City, State, and ZIP Code						
	Alexandria	VA	22314				
8.		reby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my didacy. NOTE : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)						
	Moran Victory Committee						
	(b) Address (number and street) PO Box 541			_			
	(c) City, State, and ZIP Code			_			
	Belleville	KS	66935				
8.	I hereby authorize the following named committee, which is NOT my p candidacy. NOTE: This designation should be filed with the principal (a) Name of Committee (in full) 2021 Senators Classic Committee (b) Address (number and street)			ny 			
	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 p candidacy. NOTE : This designation should be filed with the principal (a) Name of Committee (in full)			ny 			
	(b) Address (number and street)			_			
	(c) City, State, and ZIP Code			_			