

Image# 202502249753772746

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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 FL 33606		2. Candidate's FEC Identification Number S6FL00640
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement <input type="checkbox"/> New (N) OR <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 02/24/2025
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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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(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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(c) City, State, and ZIP Code