

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HUSTED, JON, , ,		2. Candidate's FEC Identification Number S6OH00304	
(b) Address (number and street) PO BOX 6290		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code COLUMBUS		OH 43206	4. Party Affiliation REPUBLICAN PARTY
5. Office Sought Senate	6. State & District of Candidate OH 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)

HUSTED FOR SENATE

(b) Address (number and street)

PO BOX 6290

(c) City, State, and ZIP Code

COLUMBUS

OH 43206

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)

FRIENDS OF KENNEDY

(b) Address (number and street)

3337 NORTH HULLEN ST.

SUITE 301

(c) City, State, and ZIP Code

METAIRIE

LA 70002

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

HUSTED, JON, , ,

Date

01/08/2026

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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: 97 A=G7 9 @ B9 C1 G H9 L H F9 @ H98 HC 5 F9 DCF H G7 <981 @ CF + H A = N5 H C B

Form/Schedule: F2A

Transaction ID :

2026 Special Election.

Form/Schedule:

Transaction ID:

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)

TEAM HUSTED

(b) Address (number and street)

PO BOX 6290

(c) City, State, and ZIP Code

COLUMBUS

OH

43206

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)

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)

KEEP THE SENATE RED 2026

(b) Address (number and street)

PO BOX 130708

(c) City, State, and ZIP Code

TAMPA

FL

33681