Image# 202302039578125761 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Jackson, Ronny, Lynn, ,								
	(b) Address (number and street) PO Box 53058	☐ Check if address changed		d	Candidate's FEC Identification Number     H0TX13228				
	(c) City, State, and ZIP Code					3. Is This New Amended			
	Amarillo		T.	X 791	59	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	ıht		6. State & Distr	rict of Candidate			
	REPUBLICAN PARTY	House			TX	13			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)								
	NOTE: This designation should be f	filed with the ap	propriate off	ice listed in	the instructions.				
	(a) Name of Committee (in full)								
	Texans for Ronny Ja	ackson							
	(b) Address (number and street) PO Box 53058								
	(c) City, State, and ZIP Code								
	Amarillo				TX	79159			
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 RONNY								
	(b) Address (number and street) PO BOX 51522								
	(c) City, State, and ZIP Code								
	AMARILLO				TX	79159			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.									
Si	gnature of Candidate					Date			
Ja	ackson, Ronny, Lynn, ,			[Ele	ctronically Filed]	02/03/2023			
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)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	2	
Page	- 01	_	

DESIGNATION OF OTHER AUTHORIZED COMMITTEE

	(Including Joint Fundraising Representatives)							
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	ZELDIN JACKSON VICTORY FUND							
	(b) Address (number and street) 47 FLINTLOCK DR							
	(c) City, State, and ZIP Code							
	SHIRLEY	NY	11967					
3.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal camposition (a) Name of Committee (in full)  AMERICA STRONG  (b) Address (number and street) PO BOX 9891							
	(c) City, State, and ZIP Code							
	Arlington	VA	22219					
3.	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)  TDOCX  (b) Address (number and street) PO BOX 30844							
	(c) City, State, and ZIP Code							
	Bethesda	MD	20824					
3.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal camper (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City State and ZIP Code							