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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						<u> </u>			
	Andrus, Tracy, , Dr., Sr.									
	(b) Address (number and street) 104 Johnson Street	☐ Check if address changed				2. Candidate's FEC Identification Number S4TX00680				
	(c) City, State, and ZIP Code	ite, and ZIP Code					ew	Aı	mended	
	Marshall		TX	7567	0	Statement (N	N) OR	(A	A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	rict of Candidate				
	DEMOCRATIC PARTY	Senate			TX	00				
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 filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
Committee to elect Tracy Andrus for U.S. Senator										
	(b) Address (number and street) 104 Johnson Street									
	(c) City, State, and ZIP Code									
	Marshall				TX	75670				
(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)										
(b) Address (number and street)										
(c) City, State, and ZIP Code										
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct	t and comple	te.		
Signature of Candidate Date										
An	drus, Tracy, , Dr.,	[Electronically Filed]				03/11/2023				
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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FEC FORM 2 (REV. 02/2009)