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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Budd, Theodore, P, , (b) Address (number and street)	☐ Check if address changed			2. Candidate's FEC Identification Number			
	PO Box 97127	⊔ Спеск ir address changed			S2NC00505	sittilication ivi	amber	
	(c) City, State, and ZIP Code						lew	Amended
	Raleigh	I = 200	NC	2762	1-7127	,	N) OR	(A)
4.	Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate			6. State & Distr	rict of Candidate 00		
_	NEI OBLICANT ANTI	Genate			110			
	DE	SIGNATION OF	F PRINC	IPAL	CAMPAIGN	COMMITTEE		
7.	I hereby designate the following na	ereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)						n(s).
	NOTE: This designation should be	filed with the appropria	ate office li	sted in th	e instructions.			
	(a) Name of Committee (in full)							
	Ted Budd for Senat	е						
	(b) Address (number and street)							
	PO Box 97127							
	(c) City, State, and ZIP Code							
	Raleigh				NC	27624-7127		
	DE	SIGNATION OF	OTHE	R AU1	HORIZED (COMMITTEES		
		(Includi	ng Joint Fu	ndraisin	g Representative	es)		
8.	I hereby authorize the following nar candidacy.	ned committee, which	is NOT my	/ principa	al campaign com	nmittee, to receive and ex	xpend funds	on behalf of my
	•							
	NOTE: This designation should be	filed with the principal	campaign	committe	ee.			
	(a) Name of Committee (in full)							
	Budd Victory							
	(b) Address (number and street)							
	PO Box 97275							
	(c) City, State, and ZIP Code							
	Raleigh				NC	27624-7275		
	I certify that I have exa	nmined this Statement	and to the	best of i	my knowledge aı	nd belief it is true, correc	t and comple	te.
Si	gnature of Candidate					Date		
Ві	udd, Theodore, P, ,			[Floor	ronically Filed]	10/25/2021		
				[Eleci	тописану Риеај			
NC	OTE: Submission of false, erroneous	, or incomplete inform	ation may s	subject tl	ne person signin	ng this Statement to pena	alties of 2 U.S	.C. §437g.
	,				·	- ' '		
					1	l		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2

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) Reclaim The Senate									
	(b) Address (number and street) 901 N Washington St Ste 700									
	(c) City, State, and ZIP Code									
	Alexandria VA 22314-1535									
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)									
	(a) Name of Committee (in rail)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
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									
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									