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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	KENNEDY, JOHN, NEELY, ,					1
	(b) Address (number and street) 26 DELAOKS	□Ch	eck if addres	ss changed		Candidate's FEC Identification Number S4LA00065
	(c) City, State, and ZIP Code MADISONVILLE		LA	7044	7	3. Is This New Amended Statement (N) OR (A)
4.	Party Affiliation	5. Office Sough			6. State & Dist	trict of Candidate
	REPUBLICAN PARTY	Senate			LA	
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGI	N COMMITTEE
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)					
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in th	ne instructions.	
	(a) Name of Committee (in full) JOHN KENNEDY F	OR US				
	(b) Address (number and street) 3337 NORTH HULLEN ST. SUITE 301					
	(c) City, State, and ZIP Code					
	METAIRIE				LA	70002
		(Ir	cluding Join	t Fundraisin	THORIZED g Representativ	ves)
8.	candidacy. NOTE: This designation should be find the fin	ned committee, valued with the prin	which is NO	Γ my principa	g Representativ	res) mmittee, to receive and expend funds on behalf of my
8.	candidacy. NOTE: This designation should be form	ned committee, valued with the prin	which is NO	Γ my principa	g Representativ	,
8.	candidacy. NOTE: This designation should be find the fin	ned committee, valued with the prin	which is NO	Γ my principa	g Representativ	,
8.	candidacy. NOTE: This designation should be formula in the following should be formula in the formula in	ned committee, valued with the prin	which is NO	Γ my principa	g Representativ	,
8.	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) TAKE BACK THE S (b) Address (number and street) PO BOX 9891	ned committee, valued with the prin	which is NO	Γ my principa	g Representativ	,
	candidacy. NOTE: This designation should be five five five five five five five fiv	ned committee, we see that the print	cipal campa	F my principa	g Representativ al campaign cor ee. VA	mmittee, to receive and expend funds on behalf of my
Si	candidacy. NOTE: This designation should be fi (a) Name of Committee (in full) TAKE BACK THE S (b) Address (number and street) PO BOX 9891 (c) City, State, and ZIP Code ARLINGTON I certify that I have example of Candidate	ned committee, we see that the print	cipal campa	F my principa	g Representativ al campaign cor ee. VA	mmittee, to receive and expend funds on behalf of my 22219
Si	candidacy. NOTE: This designation should be five five five five five five five fiv	ned committee, we see that the print	cipal campa	T my principal ign committee	g Representativ al campaign cor ee. VA	22219 and belief it is true, correct and complete. Date
Si _t	candidacy. NOTE: This designation should be five the five term of the fiv	ed committee, we led with the printer ENATE	which is NOT	Tmy principality ign committees the best of [Elect	g Representativ al campaign cor ee. VA my knowledge a	22219 and belief it is true, correct and complete. Date

FEC FORM 2 (REV. 02/2009)