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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)  DOMENICI, NELLA LOUISE, I | ouico             |                  |                |                  |  |  |  |
|---|--|-------------------|------------------|----------------|------------------|--|--|--|
|   | (b) Address (number and street)                            |                   | heck if addres   | ss changed     |                  | 2. Candidate's FEC Identification Number                             |  |  |
|   | P.O. BOX 90574   |                   |                  | 3              |                  | S4NM00183  |  |  |
|   | (c) City, State, and ZIP Code ALBUQUERQUE                  |                   | NM               | 8719           | ٥                | 3. Is This New Statement (N) OR (A)                                  |  |  |
| 4.  | Party Affiliation  | 5. Office Soug    |                  | 0/19           |                  | trict of Candidate   |  |  |
|   | REPUBLICAN PARTY   | Senate            |                  |                | NM               | 00   |  |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE |  |                   |                  |                |                  |  |  |  |
| 7.  | I hereby designate the following nar                       | ned political co  | mmittee as m     | y Principal (  | Campaign Comr    | mittee for the $\frac{2024}{\text{(year of election)}}$ election(s). |  |  |
|   | NOTE: This designation should be f                         | iled with the ap  | propriate office | e listed in tl | ne instructions. |  |  |  |
|   | (a) Name of Committee (in full)                            |                   |                  |                |                  |  |  |  |
|   | NELLA FOR SENAT  | E                 |                  |                |                  |  |  |  |
|   | (b) Address (number and street)                            |                   |                  |                |                  |  |  |  |
|   | P.O. BOX 92918   |                   |                  |                |                  |  |  |  |
|   | (c) City, State, and ZIP Code                              |                   |                  |                |                  |  |  |  |
|   | ALBUQUERQUE  |                   |                  |                | NM               | 87199  |  |  |
|   |  |                   |                  |                |                  |  |  |  |
|   | DE   | SIGNATIO          | N OF OTI         | HER AU         | THORIZED         | COMMITTEES   |  |  |
|   |  | (1                | ncluding Join    | t Fundraisin   | g Representativ  | res)   |  |  |
| 8.  | I hereby authorize the following nan candidacy.            | ned committee,    | which is NOT     | my princip     | al campaign cor  | nmittee, to receive and expend funds on behalf of my                 |  |  |
|   | NOTE: This designation should be f                         | iled with the pri | ncipal campa     | ign committe   | ee.              |  |  |  |
|   | (a) Name of Committee (in full)                            |                   |                  |                |                  |  |  |  |
|   | CORNYN VICTOR  | Y COMMI           | TTEE             |                |                  |  |  |  |
|   | (b) Address (number and street)                            |                   |                  |                |                  |  |  |  |
|   | PO BOX 13026   |                   |                  |                |                  |  |  |  |
|   | (c) City, State, and ZIP Code                              |                   |                  |                |                  |  |  |  |
|   | AUSTIN   |                   |                  |                | TX               | 78711  |  |  |
|   |  |                   |                  |                |                  |  |  |  |
|   | ·  | minea this Stat   | ement and to     | the best of    | my knowleage a   | and belief it is true, correct and complete.                         |  |  |
|   | gnature of Candidate                                       |                   |                  |                |                  | Date   |  |  |
| D   | OMENICI, NELLA, LOUISE, ,                                  |                   |                  |                |                  | 06/27/2024   |  |  |
|   |  |                   |                  |                |                  |  |  |  |
| NC  | OTE: Submission of false, erroneous                        | or incomplete     | information m    | nay subject t  | he person signir | ng this Statement to penalties of 2 U.S.C. §437g.                    |  |  |
|   |  |                   |                  |                |                  |  |  |  |
|   |  |                   |                  |                |                  |  |  |  |

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 |
|------|---|----|---|
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**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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  |  |   |                             |  |  |
|----|---|--|---|-----------------------------|--|--|
|    | (a) Name of Committee (in full)   |  |   |                             |  |  |
|    | NELLA VICTORY FUND  |  |   |                             |  |  |
|    | (b) Address (number and street)   |  |   |                             |  |  |
|    | P.O. BOX 92918  |  |   |                             |  |  |
|    | (c) City, State, and ZIP Code   |  |   |                             |  |  |
|    | ALBUQUERQUE   | NM   | 87199   |                             |  |  |
|    |   |  |   |                             |  |  |
| 8. | hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my randidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.  |  |   |                             |  |  |
|    | (a) Name of Committee (in full)   |  |   |                             |  |  |
|    | RECLAIM THE MAJORITY  |  |   |                             |  |  |
|    | (b) Address (number and street)   |  |   |                             |  |  |
|    | 421 OFFICE PARK DR  |  |   |                             |  |  |
|    | (c) City, State, and ZIP Code   |  |   |                             |  |  |
|    |   | Λ1   | 35223   |                             |  |  |
|    | MOUNTAIN BROOK  | AL   |   |                             |  |  |
| 8. | I hereby authorize the following named committee, which is No candidacy. <b>NOTE</b> : This designation should be filed with the pr   | OT my principal campaign   | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is NO   | OT my principal campaign   | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is No candidacy. <b>NOTE</b> : This designation should be filed with the pr   | OT my principal campaign incipal campaign committe               | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is NO candidacy. <b>NOTE</b> : This designation should be filed with the proof (a) Name of Committee (in full)  | OT my principal campaign incipal campaign committe               | committee, to receive and ex  | opend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE V  (b) Address (number and street) 228 S. WASHINGTON STREET  | OT my principal campaign incipal campaign committe               | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the properties (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE Vol. (b) Address (number and street)  | OT my principal campaign incipal campaign committe               | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is NC candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE V  (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115  | OT my principal campaign incipal campaign committe               | committee, to receive and ex  | xpend funds on behalf of my |  |  |
| 8. | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE Vol. (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code  | OT my principal campaign incipal campaign committe               | committee, to receive and exee.   | xpend funds on behalf of my |  |  |
|    | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE Vol. (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code  | OT my principal campaign incipal campaign committed  /ICTORY  VA | committee, to receive and expe.  22314  committee, to receive and experience. |                             |  |  |
|    | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the process.  (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE VOTE:  (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code ALEXANDRIA   | OT my principal campaign incipal campaign committed  /ICTORY  VA | committee, to receive and expe.  22314  committee, to receive and experience. |                             |  |  |
|    | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE Vol. (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code ALEXANDRIA  I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the proof (a) Name of Committee (in full) | OT my principal campaign incipal campaign committed  /ICTORY  VA | committee, to receive and expe.  22314  committee, to receive and experience. |                             |  |  |
|    | I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the process.  (a) Name of Committee (in full)  2024 THUNE REPUBLICAN SENATE Voltage (b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115 (c) City, State, and ZIP Code ALEXANDRIA  I hereby authorize the following named committee, which is No candidacy. NOTE: This designation should be filed with the process.                       | OT my principal campaign incipal campaign committed  /ICTORY  VA | committee, to receive and expe.  22314  committee, to receive and experience. |                             |  |  |
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