FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)								
(b) Address (number and street)	, □ Check if address changed				2. Candidate's FEC Identification Number			
PO BOX 1245					H2TX08182			
(c) City, State, and ZIP Code					3. Is This New Amen	ded		
MAGNOLIA		TX	77353		Statement (N) OR X (A)			
4. Party Affiliation	5. Office Sought			6. State & Dist TX	rict of Candidate 08			
REPUBLICAN PARTY	House			IA	08			
DE	SIGNATION O	F PRING	CIPAL	CAMPAIGN				
7. I hereby designate the following nar	ned political committe	ee as my P	rincipal (Campaign Comn	nittee for the 2024 election(s). (year of election)			
NOTE: This designation should be f	led with the appropri	ate office li	isted in th	ne instructions.				
(a) Name of Committee (in full) TEXANS FOR MOR	GAN LUTTR	ELL						
(b) Address (number and street) PO BOX 1245								
(c) City, State, and ZIP Code								
MAGNOLIA				ТХ	77353			
8. Thereby authorize the following name candidacy. NOTE: This designation should be find the following name of Committee (in full) TEXAS RELOADED (b) Address (number and street)	led with the principal				nmittee, to receive and expend funds on behalf of r	my 		
5900 MEMORIAL DR STE 215	,							
(c) City, State, and ZIP Code HOUSTON				тх	77007			
I certify that I have exa	mined this Statement	t and to the	e best of i	ny knowledge a	and belief it is true, correct and complete.			
Signature of Candidate					Date			
LUTTRELL, MORGAN, JOE, ,								
20111222, 1101012, 002,)			[Elect	ronically Filed]	11/09/2022			
NOTE: Submission of false, erroneous,	or incomplete inform	nation may	subject t	ne person signir	ng this Statement to penalties of 2 U.S.C. §437g.			
					FEC FORM 2 (REV. (02/2009)		

Image# 202211099546744834

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)			
LUTTRELL VICTORY FUND			
(b) Address (number and street) PO BOX 1245			
(c) City, State, and ZIP Code MAGNOLIA	ТХ	77353	

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)			
NO EASY DAY PAC			
(b) Address (number and street) PO BOX 1245			
(c) City, State, and ZIP Code			
MAGNOLIA	ТХ	77353	

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.

Name of Committee (in full)
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