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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|---|---|----------------------------|-------------------|----------------|---------------------------------------|------------------|---------------|-----------|---------|--|
| | Blackburn, Marsha, , Mrs., (b) Address (number and street) 6103 Murray Lane | ☐ Check if address changed | | | Candidate's FEC Identification Number | | | | | |
| | (c) City, State, and ZIP Code | Code | | | 3. Is This | | NA/ | | Amended | |
| | Brentwood | TN 37027-6209 | | | Statem | | | | (A) | |
| 4. | Party Affiliation | 5. Office Soug | ght | | 6. State & Dist | trict of Candid | date | | | |
| | REPUBLICAN PARTY | Senate | | | TN | 00 | | | | |
| | DE | SIGNATIO | N OF PR | INCIPAL | CAMPAIGI | N COMMI | TTEE | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 (year of election) | | | | | | | | | |
| | NOTE: This designation should be f | filed with the ap | opropriate office | ce listed in t | he instructions. | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | Marsha for Senate | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO Box 3750 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | Brentwood | | | | TN | 37024 | ļ | | | |
| | | | | | | | | | | |
| | DE | SIGNATIO | N OF OT | HER AU | THORIZED | СОММІТ | TEES | | | |
| | | (| Including Join | t Fundraisir | ig Representativ | ves) | | | | |
| 8. | 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. | | | | | alf of my | | | | |
| | NOTE: This designation should be filed with the principal campaign committee. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | Blackburn Victory F | und | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO Box 3241 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | Brentwood | | | | TN | 37024 | | | | |
| | I certify that I have exa | mined this Sta | tement and to | the best of | my knowledge a | and belief it is | true, correct | and compl | ete. | |
| Signature of Candidate | | | Date | | | | | | | |
| Blackburn, Marsha, , , | | | 11/09/2024 | | | | | | | |
| | | | | | | | | | | |
| 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)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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. NOTE : This designation should be filed with the principal campaign committee. | | | | | | | |
|----|--|----|-------|--|--|--|--|--|
| | (a) Name of Committee (in full) Blackburn Tennessee Victory Fund | | | | | | | |
| | | | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | PO Box 3750 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Brentwood | TN | 37024 | | | | | |
| 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) | | | | | | | |
| | Cornyn Victory Committee | | | | | | | |
| | (b) Address (number and street) PO Box 13026 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Austin | TX | 78711 | | | | | |
| 8. | I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE: This designation should be filed with the principal cam (a) Name of Committee (in full) 2024 Thune Republican Senate Victory | | | | | | | |
| | (b) Address (number and street) 228 South Washington St | | | | | | | |
| | Ste. 115 (c) City, State, and ZIP Code | | | | | | | |
| | Alexandria | VA | 22314 | | | | | |
| 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) Barrasso Blackburn Victory Committee | | | | | | | |
| | (b) Address (number and street) 901 N Washington St Ste. 700 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Alexandria | VA | 22314 | | | | | |

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 3. | 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) | | | | | | |
| | Team McConnell | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | 228 South Washington St Suite 115 | | | | | | |
| | (c) City, State, and ZIP Code | | | _ | | | |
| | Alexandria | VA | 22314 | | | | |
| | | | | | | | |
| I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on beha candidacy. NOTE: This designation should be filed with the principal campaign committee. | | | | | | | |
| | a) Name of Committee (in full) | | | | | | |
| | Blackburn Cruz Scott Victory | | | | | | |
| | (b) Address (number and street) 421 Office Park Drive | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | Mountain Brook | AL | 35223 | | | | |
| | | | | - | | | |
| 3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on | | | | | | | |
| | candidacy. NOTE : This designation should be filed with the principal camp | aigh committee | e. | | | | |
| | (a) Name of Committee (in full) | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |
| | (1) - 4) - 1111 | | | | | | |
| | | | | _ | | | |
| 3. | committee, to receive and expend funds on behalf of my e. | | | | | | |
| (a) Name of Committee (in full) | | | | | | | |
| | | | | | | | |
| | (b) Address (number and street) | | | | | | |
| | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | |