

Image# 202310309598879935

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |  |   |
|--|--|---|
| 1. (a) Name of Candidate (in full)<br>Moore, Felix, Barry, ,   |  |   |
| (b) Address (number and street)<br>P.O. Box 310815   |  | <input type="checkbox"/> Check if address changed     |
| (c) City, State, and ZIP Code<br>Enterprise AL 36331   |  | 2. Candidate's FEC Identification Number<br>H8AL02171 |
| 4. Party Affiliation<br>REPUBLICAN PARTY   |  | 5. Office Sought<br>House                             |
|  |  | 6. State & District of Candidate<br>AL 01             |
| 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |  |   |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).  
(year of election)

**NOTE:** This designation should be filed with the appropriate office listed in the instructions.

|  |  |  |
|--|--|--|
| (a) Name of Committee (in full)<br><b>BARRY MOORE FOR CONGRESS</b> |  |  |
| (b) Address (number and street)<br>P.O. BOX 310815                 |  |  |
| (c) City, State, and ZIP Code<br>ENTERPRISE AL 36331               |  |  |

### 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)<br><b>FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST</b> |  |  |
| (b) Address (number and street)<br>PO BOX 30844   |  |  |
| (c) City, State, and ZIP Code<br>BETHESDA MD 20824  |  |  |

*I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.*

|  |                    |
|--|--------------------|
| Signature of Candidate<br>Moore, Felix, Barry, , | Date<br>10/30/2023 |
|--|--------------------|

**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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|--|--|--|--|--|--|--|--|--|

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

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FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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