FEC FORM 2

STATEMENT OF CANDIDACY

4											
1.	(a) Name of Candidate (in full)										
	Moran, Cory, , ,										
	(b) Address (number and street) 2205 11th St SW	□ C	Candidate's FEC Identification Number H4MT01074								
	(c) City, State, and ZIP Code					3. Is This	Ne	eW.		Amended	
	Great Falls		MT	5940	4	Statemer	nt X (N) OR	ш.	(A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidat	е				
	REPUBLICAN PARTY	House			MT	01					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
	Montananball Run										
	(b) Address (number and street)										
	2205 11th St SW										
	(c) City, State, and ZIP Code										
	Great Falls				MT	59404					
	DE				THORIZED g Representativ		EES				
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NOT	Γ my princip	al campaign cor	nmittee, to rece	ive and exp	end funds	on beha	If of my	
	NOTE: This designation should be f	iled with the pr	ncipal campa	ign committe	ee.						
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(b) Address (number and street)										
	(b) Address (number and street) (c) City, State, and ZIP Code										
		mined this Sta	tement and to	the best of	my knowledge a	and belief it is tru	ue, correct	and compl	ete.		
Si	(c) City, State, and ZIP Code	mined this Stat	tement and to	the best of	my knowledge a	and belief it is tru	ue, correct	and compl	ete.		
	(c) City, State, and ZIP Code I certify that I have example 1.	mined this Stat	tement and to	the best of	my knowledge a	_		and compl	ete.		
	(c) City, State, and ZIP Code I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	Date		and compl	ete.		
M	(c) City, State, and ZIP Code I certify that I have exa					Date 08/27/2023				7g.	
M	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate foran, Cory, , ,					Date 08/27/2023				7g.	
M	(c) City, State, and ZIP Code I certify that I have exa gnature of Candidate foran, Cory, , ,					Date 08/27/2023				7g.	

FEC FORM 2 (REV. 02/2009)

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F2N Transaction ID:

CoryMoran for Congress

Form/Schedule: Transaction ID: