

Image# 202504059755050990

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HUSTED, JON, , ,		
(b) Address (number and street) PO BOX 6290		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code COLUMBUS OH 43206		2. Candidate's FEC Identification Number S6OH00304
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate OH 00		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 2026 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) HUSTED FOR SENATE		
(b) Address (number and street) PO BOX 6290		
(c) City, State, and ZIP Code COLUMBUS OH 43206		

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) FRIENDS OF KENNEDY		
(b) Address (number and street) 3337 NORTH HULLEN ST. SUITE 301		
(c) City, State, and ZIP Code METAIRIE LA 70002		

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 HUSTED, JON, , ,	Date 04/05/2025
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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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Form/Schedule: F2A
Transaction ID :

2026 Special Election.

Form/Schedule:
Transaction ID:

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 3 of 3

FEC Form 2S (Revised 02/2017)

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)

TEAM HUSTED

(b) Address (number and street)

PO BOX 6290

(c) City, State, and ZIP Code

COLUMBUS

OH

43206

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)

ONE TEAM SENATE MAJORITY

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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)

2025 SENATORS CLASSIC COMMITTEE

(b) Address (number and street)

228 S WASHINGTON STREET

SUITE 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)

(b) Address (number and street)

(c) City, State, and ZIP Code