FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Rounds, Mike, , , (b) Address (number and street)	 Check if address changed			2. Candidate's FEC Ident	tification Numbe	or.	
	PO Box 250	• 0	neck ii addie	ess change	u	S4SD00049	uncauon numbe	ŧI
	(c) City, State, and ZIP Code					3. Is This Ne		Amended
	Pierre	- 00	S	D 575	01-0250	Statement (N)	OR X	(A)
4.	Party Affiliation REPUBLICAN PARTY	Office Soug Senate	ht		6. State & Dist	rict of Candidate 00		
_	REPUBLICAN PARTY	Senate			30			
	DE	SIGNATIO	N OF PR	INCIPA	L CAMPAIGN	N COMMITTEE		
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Rounds for Senate							
	(b) Address (number and street) PO Box 250							
	(c) City, State, and ZIP Code							
	Pierre				SD	57501-0250		
	DE	SIGNATIO	N OF OT	HER AL	JTHORIZED	COMMITTEES		_
					ing Representativ			
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.							
	NOTE: This designation should be f	iled with the pri	ncipal camp	aign comm	ttee.			
	(a) Name of Committee (in full)							
	Rounds-SDGOP Vid	ctory Fund	t t					
	(b) Address (number and street) 109 S. Pierre St.							
	109 S. Flerie St.							
	(c) City, State, and ZIP Code							
	Pierre				SD	57501-2418		
	I certify that I have exa	mined this State	ement and t	o the best o	of my knowledge a	nd belief it is true, correct a	and complete.	
Si	gnature of Candidate					Date		
	ounds, Mike, , ,							
	,			[Ele	ectronically Filed]	12/27/2019		
NO	DTE: Submission of false, erroneous,	or incomplete	information i	may subjec	t the person signir	ng this Statement to penalti	es of 2 U.S.C. §	437g.
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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

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)							
	The Victory Club							
	(b) Address (number and street) PO Box 60148							
	(c) City, State, and ZIP Code							
	Washington DC 20039-0148							
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							
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)							
	(a) City Olyto and 7/10 Olyto							
	(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							