

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Tranel, Monica, , ,		
(b) Address (number and street) PO Box 9384		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Missoula MT 59807		2. Candidate's FEC Identification Number H2MT02092
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate MT 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) Monica Tranel for Montana		
(b) Address (number and street) PO Box 9384		
(c) City, State, and ZIP Code Missoula MT 59807		

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) Monica Tranel Victory Fund		
(b) Address (number and street) 946 Bandmann Trl		
(c) City, State, and ZIP Code Missoula MT 59802		

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 Tranel, Monica, , ,	Date 10/07/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 2 of 2DESIGNATION 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)

Tester Tranel Victory Fund

(b) Address (number and street)

PO Box 558

(c) City, State, and ZIP Code

Billings

MT

59102

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)

Democracy Summer Majority Fund

(b) Address (number and street)

600 Pennsylvania Ave., SE
#15180

(c) City, State, and ZIP Code

Washington

DC

20003

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)

House Victory Project 2024

(b) Address (number and street)

600 Pennsylvania Ave., SE
#15180

(c) City, State, and ZIP Code

Washington

DC

20003

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