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FEC FORM 2

STATEMENT OF CANDIDACY

_	())) () () () () () () ()										
1.	(a) Name of Candidate (in full) Lujan, Ben, Ray, ,										
	(b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number					
	PO Box 25371		TICON II addice	oo onangea		SONMO0058					
	(c) City, State, and ZIP Code					3. Is This New Amended					
	Albuquerque		NM	1 8712	5	Statement (N) OR (A)					
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	trict of Candidate					
	DEMOCRATIC PARTY	Senate			NM						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the election(s). (year of election)										
	NOTE: This designation should be f	filed with the ap	propriate offic	ce listed in th	ne instructions.						
	(a) Name of Committee (in full)										
	People for Ben										
	(b) Address (number and street)										
	PO Box 25371										
	(c) City, State, and ZIP Code										
	Albuquerque				NM	87125					
	DE	CICNIATIO	N OF OT	HED ALL	TUODIZED.	COMMITTEES					
	DE				g Representativ	COMMITTEES					
		·				, and the second					
8.	I hereby authorize the following nan candidacy.	ned committee,	which is NO	Γ my principa	al campaign cor	mmittee, to receive and expend funds on behalf of my					
	NOTE: This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full)										
	Lujan Victory Fund										
	(b) Address (number and street)										
	611 Pennsylvania Ave SE										
	Ste 143										
	(c) City, State, and ZIP Code										
	Washington				DC	20003					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Sic	gnature of Candidate					Date					
						Date					
Lı						00/07/0005					
	ujan, Ben, Ray, ,					03/07/2025					
	ujan, Ben, Ray, ,					03/07/2025					
NC		, or incomplete	information m	nay subject t	he person signi	03/07/2025 ng this Statement to penalties of 2 U.S.C. §437g.					
NC		, or incomplete	information m	nay subject t	he person signi						
NC		, or incomplete	information m	nay subject t	he person signi						

FEC FORM 2 (REV. 02/2009)

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)

ο.	candidacy. NOTE : This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) Blue Senate 2026									
	(b) Address (number and street) 600 Pennsylvania Ave SE Unit 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	_								
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)	_								
	(c) City, State, and ZIP Code	_								