

Image# 202405099645570093

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Slotkin, Elissa, , ,			2. Candidate's FEC Identification Number S4MI00470	
(b) Address (number and street) P.O. Box 4145		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code East Lansing MI 48826		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MI 00		

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) Elissa Slotkin for Michigan		
(b) Address (number and street) P.O. Box 4145		
(c) City, State, and ZIP Code East Lansing MI 48826		

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) BLUE SENATE CANDIDATE FUND		
(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180		
(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.

Signature of Candidate Slotkin, Elissa, , ,	Date 05/09/2024
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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)

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)

DEM SENATE VICTORY 2024

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
SUITE 143

(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)

New Generation Victory Fund

(b) Address (number and street)

122 C St NW
Suite 360

(c) City, State, and ZIP Code

Washington DC 20001

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)

SLOTKIN VICTORY FUND 2024

(b) Address (number and street)

P.O. BOX 4145

(c) City, State, and ZIP Code

EAST LANSING MI 48826

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