Image# 202411149719975118 PAGE 1 / 4

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Slotkin, Elissa, , ,		1.96 1.7	le		O Condidate FECT III I'' I'
	(b) Address (number and street) P.O. Box 4145	□Ch	eck if address	schanged		Candidate's FEC Identification Number     S4MI00470
	(c) City, State, and ZIP Code					3. Is This New Amended
	East Lansing		MI	48826	6	Statement (N) OR X (A)
4.	Party Affiliation	5. Office Sough	t		6. State & Dist	rict of Candidate
	DEMOCRATIC PARTY	Senate			MI	00
	DE	SIGNATION	OF PRIN	NCIPAL	CAMPAIGI	N COMMITTEE
7.	I hereby designate the following nar	med political com	mittee as my	Principal C	Campaign Comr	mittee for the 2030 election(s). (year of election)
	NOTE: This designation should be f	iled with the app	ropriate office	e listed in th	e instructions.	
	(a) Name of Committee (in full)					
	Elissa Slotkin for Mid	chigan				
	(b) Address (number and street)					
	P.O. Box 4145					
	(c) City, State, and ZIP Code					
	East Lansing				MI	48826
	DE	SIGNATION	OF OTH	FR AUT	HORIZED	COMMITTEES
	52				g Representativ	
0		and an annitted to	ubiah ia NOT			remitted to receive and even and funds on hehalf of my
0.	candidacy.	ied committee, v	WIICH IS NOT	пту рипсіра	arcampaign cor	nmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the prin	cipal campaig	ın committe	ee.	
	(a) Name of Committee (in full)					
	BLUE SENATE CA	NDIDATE	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 exa	mined this State	ment and to t	he best of r	my knowledge a	and belief it is true, correct and complete.
Sig	I certify that I have exa	mined this State	ment and to ti	he best of r	my knowledge a	and belief it is true, correct and complete.  Date
	gnature of Candidate	mined this State	ment and to ti	he best of r	my knowledge a	Date
	-	mined this State	ment and to ti	he best of r	my knowledge a	
Sl	gnature of Candidate otkin, Elissa, , ,					Date
Sl	gnature of Candidate otkin, Elissa, , ,					Date - 11/14/2024
Sl	gnature of Candidate otkin, Elissa, , ,					Date - 11/14/2024

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	$^2$ of $^4$	
Page	OI	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is candidacy. <b>NOTE</b> : This designation should be filed with the			funds on behalf of my
	(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 candidacy. <b>NOTE</b> : This designation should be filed with the			funds on behalf of my
	(a) Name of Committee (in full)  JUSTICE 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 candidacy. <b>NOTE</b> : This designation should be filed with the (a) Name of Committee (in full)			funds on behalf of my
	SENATE VICTORY MI & PA			
	(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 candidacy. <b>NOTE</b> : This designation should be filed with the			funds on behalf of my
	(a) Name of Committee (in full)  SLOTKIN HERTEL VICTORY FUND			
	(b) Address (number and street) 122 C STREET NW			
	SUITE 360			
	(c) City, State, and ZIP Code			

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	4
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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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  SCHIFF(T) THE SENATE						
	(c) City, State, and ZIP Code WASHINGTON	DC	20003				
8.	I hereby authorize the following named committee, which is NOT my prin candidacy. NOTE: This designation should be filed with the principal cam						
	(a) Name of Committee (in full)  BLUE SENATE 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 prin candidacy. NOTE: This designation should be filed with the principal can  (a) Name of Committee (in full)						
	BOOKER SENATE MAJORITY						
	(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 prin candidacy. <b>NOTE</b> : This designation should be filed with the principal can						
	(a) Name of Committee (in full)						
	SENATE IMPACT PROJECT						
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180						
	(c) City, State, and ZIP Code						
	WASHINGTON	DC	20003				

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>4</sup> of	4
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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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	NV MI VICTORY FUND					
	(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 NC candidacy. <b>NOTE</b> : This designation should be filed with the principle.			d expend funds on behalf of my		
	(a) Name of Committee (in full)					
	MICHIGAN SENATE VICTORY 2024					
	(b) Address (number and street) PO BOX 15845					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20003			
8.	I hereby authorize the following named committee, which is NC candidacy. <b>NOTE</b> : This designation should be filed with the pridary Name of Committee (in full)			d expend funds on behalf of my		
	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 NC candidacy. <b>NOTE</b> : This designation should be filed with the prince			d expend funds on behalf of my		
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					