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FEC FORM 2

STATEMENT OF CANDIDACY

_						
1.	(a) Name of Candidate (in full) Slotkin, Elissa, , ,					
	(b) Address (number and street)		heck if addre	ss changed		2. Candidate's FEC Identification Number
	P.O. Box 4145			J		S4MI00470
	(c) City, State, and ZIP Code				_	3. Is This New Amended
	East Lansing	- 0///	MI	48820	-	Statement (N) OR (A)
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug Senate			6. State & Dis	trict of Candidate 00
	DEMOCRATIOTARTI	Ochaic			1411	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE
7.	I hereby designate the following nar	med political co	mmittee as m	y Principal (Campaign Com	mittee for the 2024 election(s). (year of election)
	NOTE: This designation should be to	filed with the ap	propriate offic	ce listed in th	ne instructions.	
	(a) Name of Committee (in full)					
	Elissa Slotkin for Mi	chigan				
	(b) Address (number and street)					
	P.O. Box 4145					
	(c) City, State, and ZIP Code					
	East Lansing				MI	48826
	DE	SIGNATIO	N OF OTI	HER ALIT	THORIZED	COMMITTEES
					g Representativ	
Ω	I hereby authorize the following pan	·				mmittee, to receive and expend funds on behalf of my
0.	candidacy.	ned committee,	, WINCIT IS INC	тту рипсіра	ai campaign coi	initiate, to receive and experia failed on behalf of my
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committe	ee.	
	(a) Name of Committee (in full)					
	BLUE SENATE CA	NDIDATE	FUND			
	(b) Address (number and street)					
	600 PENNSYLVANIA AVE SE	E #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.						
Si	gnature of Candidate					Date
Sl	4: E1:					07/44/0004
	otkin, Elissa, , ,					07/11/2024
	otkin, Elissa, , ,					0//11/2024
NC		, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.
NC		, or incomplete	information m	nay subject tl	he person signi	
NC		, or incomplete	information m	nay subject tl	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 A				
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.	8. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal ca (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.	8. I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal ca (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.	8. I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) SENATE VICTORY MI & PA (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

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is N candidacy. NOTE : This designation should be filed with the p		•	ehalf 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			
	WASHINGTON	DC	20001	
8.	I hereby authorize the following named committee, which is N candidacy. NOTE : This designation should be filed with the p		•	ehalf of my
	(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 N candidacy. NOTE: This designation should be filed with the p (a) Name of Committee (in full) FAB FOUR FOR SENATE (b) Address (number and street) 611 PENNSYLVANIA AVENUE SE SUITE 143 (c) City, State, and ZIP Code WASHINGTON			ehalf of my
8.	I hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the position (a) Name of Committee (in full) SENATE IMPACT PROJECT (b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180			ehalf of my
	(c) City, State, and ZIP Code WASHINGTON	DC	20003	

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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)					
	CASEY SLOTKIN VICTORY FUND					
	(b) Address (number and street)					
	122 C ST NW STE 360					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20001			
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa					
	(a) Name of Committee (in full)					
	SCHIFF(T) THE SENATE					
	(b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20003			
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 filed with the principal campaign committee. (a) Name of Committee (in full) ALSOBROOKS SLOTKIN VICTORY FUND					
	(b) Address (number and street) 122 C ST NW STE 360					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20001			
8.	I hereby authorize the following named committee, which is NOT my princip candidacy. NOTE : This designation should be filed with the principal campa					
	(a) Name of Committee (in full)					
	SLOTKIN SCHIFF ALSOBROOKS VICTORY FU					
	(b) Address (number and street) 122 C STREET NW					
	SUITE 360					
	(c) City, State, and ZIP Code WASHINGTON	DC	20001			
		50	2000			