FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

| 1. (a) Name of Candidate (in full) | | | | | | | | | |
|---|--|------------------|---|---|--|--|--|--|--|
| | | | | | | | | | |
| Stauber, Peter, Allen, , | | | | | | | | | |
| (b) Address (number and street) 5078 Arrowhead Rd W | □ Check if address changed | | 2. Candidate's FEC Identification H8MN08043 | on Number | | | | | |
| (c) City, State, and ZIP Code | | | 3. Is This New | Amended | | | | | |
| Hermantown | MN 5581 | 1 | Statement (N) O | R (A) | | | | | |
| 4. Party Affiliation | 5. Office Sought | 6. State & Distr | ict of Candidate | | | | | | |
| REPUBLICAN PARTY | House | MN | 08 | | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> election(s). (year of election) | | | | | | | | | |
| NOTE: This designation should be | iled with the appropriate office listed in t | he instructions. | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | |
| Pete Stauber for Co | ngress | | | | | | | | |
| (b) Address (number and street) 23 Central Entrance | | | | | | | | | |
| Box 333 | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | |
| Duluth | | MN | 55811 | | | | | | |
| | | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) | | | | | | | | | |
| | | | | | | | | | |
| I nereby authorize the following han candidacy. | ned committee, which is NOT my princip | bai campaign com | imittee, to receive and expend fu | inds on benalt of my | | | | | |
| candidacy. | | | | | | | | | |
| NOTE: This designation should be f | iled with the principal campaign committ | tee. | | NOTE: This designation should be filed with the principal campaign committee. | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | |
| (a) Name of Committee (in full) TAKE BACK THE H | IOUSE 2022 | | | | | | | | |
| (a) Name of Committee (in full) TAKE BACK THE H | IOUSE 2022 | | | | | | | | |
| (b) Address (number and street) | IOUSE 2022 | | | | | | | | |
| TAKE BACK THE H | IOUSE 2022 | | | | | | | | |
| (b) Address (number and street) PO BOX 30844 | IOUSE 2022 | | | | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code | IOUSE 2022 | MD | 20024-0044 | | | | | | |
| (b) Address (number and street) PO BOX 30844 | IOUSE 2022 | MD | 20824-0844 | | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA | | | | mplete. | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA | IOUSE 2022 | | nd belief it is true, correct and co | mplete. | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have examples Signature of Candidate | | | nd belief it is true, correct and co | mplete. | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA | mined this Statement and to the best of | | nd belief it is true, correct and co | mplete. | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa Signature of Candidate Stauber, Peter, Allen, , | mined this Statement and to the best of | my knowledge a | nd belief it is true, correct and co. Date 07/08/2021 | · · · · · · · · · · · · · · · · · · · | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa Signature of Candidate Stauber, Peter, Allen, , | mined this Statement and to the best of | my knowledge a | nd belief it is true, correct and co. Date 07/08/2021 | · · · · · · · · · · · · · · · · · · · | | | | | |
| TAKE BACK THE H (b) Address (number and street) PO BOX 30844 (c) City, State, and ZIP Code BETHESDA I certify that I have exa Signature of Candidate Stauber, Peter, Allen, , | mined this Statement and to the best of | my knowledge a | nd belief it is true, correct and co. Date 07/08/2021 | · · · · · · · · · · · · · · · · · · · | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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) | | |
|---|----|-------|
| Stauber Victory Fund | | |
| (b) Address (number and street) PO Box 183 | | |
| (c) City, State, and ZIP Code | | 54040 |
| Hudson | WI | 54016 |

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) | | |
|---|----|-------|
| PROBLEM SOLVERS PATRIOTS | | |
| | | |
| (b) Address (number and street) 824 S MILLEDGE AVE | | |
| STE 101 | | |
| (c) City, State, and ZIP Code | | |
| ATHENS | GA | 30605 |
| | | |

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) | | |
|--|----|-------|
| HOT ROD HAPPY HOUR | | |
| | | |
| (b) Address (number and street) 499 S CAPITOL STREET SW | | |
| 405 | | |
| (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