## FEC FORM 2 STATEMENT OF CANDIDACY

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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 Number H8MN08043					
	(c) City, State, and ZIP Code					3. Is Thi	s Ne	ew		Amended
	Hermantown		MM	5581	1	Stater	nent (N	) <b>OR</b>	×	(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dis	trict of Candi	date			
	REPUBLICAN PARTY	House			MN	08				
	DI	ESIGNATIO	N OF PR	NCIPAL	CAMPAIG		ITTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election(s).									
	NOTE: This designation should be	filed with the ap	propriate offi	ce listed in the	ne instructions.					
	(a) Name of Committee (in full)									
	Pete Stauber for Congress									
	(b) Address (number and street) 23 Central Entrance									
	Box 333									
	(c) City, State, and ZIP Code									
	Duluth				MN	5581 <sup>-</sup>	1			
_										
	וס	ESIGNATIO				COMMIT	TEEQ			
	D			-	g Representativ		TEES			
			-							
8.	I hereby authorize the following na	med committee,	which is NO	r my princip	al campaign coi	nmittee, to re	eceive and exp	pend funds	s on beha	alf of my
	candidacy.									
	NOTE: This designation should be	filed with the pri	ncipal campa	ign committe	ee.					
	(a) Name of Committee (in full)									
	TAKE BACK THE H	HOUSE 20	)22							
	(b) Address (number and street) PO BOX 30844									
	(c) City, State, and ZIP Code									
	BETHESDA				MD	20024	0944			
	BETHESDA				ND	20824	-0044			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	ignature of Candidate					Date				
Stauber, Peter, Allen, ,						11/16/20	11/16/2022			
	[Electronically Filed] 11/16/2022									
N	OTE: Submission of false, erroneous	s, or incomplete	information n	nay subject t	he person siani	ng this State	ment to penal	ties of 2 U.	.S.C. §43	37g.
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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	10/1	E4040
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