FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

| 1. (a) Name of Candidate (in full) | | | | | | | |
|---|----------------------------|---------------------|---|------------------|-------------------|---------------|-----------------------|
| Heinrich, Martin, , , | | oddroco obonas | d | 2 Condid | to'o EEO Idam | tification No | mbor |
| (b) Address (number and street) □ Check if address changed PO Box 25763 | | | 2. Candidate's FEC Identification Number S2NM00088 | | | | |
| (c) City, State, and ZIP Code | | | | 3. Is Thi | | | Amended |
| Albuquerque | | NM 871 | | Stater | () | OR | × (A) |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought Senate | | 6. State & Dis NM | trict of Candi | date | | |
| DE | SIGNATION OF | PRINCIPA | | | ITTEE | | |
| 7. I hereby designate the following nar | ned political committee | e as my Principa | l Campaign Com | mittee for the | year of elect | electio | n(s). |
| NOTE: This designation should be f | iled with the appropriat | te office listed in | the instructions. | | (year or elect | 1011) | |
| (a) Name of Committee (in full) | | | | | | | |
| Martin Heinrich for S | Senate | | | | | | |
| (b) Address (number and street) | | | | | | | |
| PO Box 25763 | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | |
| Albuquerque | | | NM | 8712 | 5 | | |
| I hereby authorize the following nan candidacy. NOTE: This designation should be f (a) Name of Committee (in full) Heinrich Victory Full | iled with the principal c | | | | | | |
| | | | | | | | |
| (b) Address (number and street) | | | | | | | |
| 600 Pennsylvania Ave SE | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | |
| Washington | | | DC | 20003 | 3 | | |
| I certify that I have exa | mined this Statement a | and to the best c | of my knowledge a | and belief it is | s true, correct a | and comple | te. |
| Signature of Candidate | | | | Date | | | |
| Heinrich, Martin, , Sen., | | 11/16/2023 | | | | | |
| | | | | | | | |
| NOTE: Submission of false, erroneous | , or incomplete informa | tion may subjec | t the person signi | ng this State | ment to penalti | es of 2 U.S | .C. §437g. |
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| | 1 1 | 1 | | | I] | 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) | | |
|---------------------------------|----|-------|
| Baldwin Heinrich Victory Fund | | |
| (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 principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE**: This designation should be filed with the principal campaign committee.

| () | () | | | |
|----------------------|-----------------|------|------|--|
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| | | | | |
| (b) Address (numb | per and street) | | | |
| () | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (c) City, State, and | d ZIP Code | | | |

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 o | f Committee | (in full) | |
|------------|-------------|-----------|--|
|------------|-------------|-----------|--|

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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