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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TAFOYA, MICHELE, , ,		
(b) Address (number and street) 3500 VICKSBURG LN N STE 267		☐ Check if address changed
(c) City, State, and ZIP Code PLYMOUTH MN 55447		2. Candidate's FEC Identification Number S6MN00556
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
5. Office Sought Senate		6. State & District of Candidate MN 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) TAFOYA FOR SENATE		
(b) Address (number and street) 3500 VICKSBURG LN N STE 267		
(c) City, State, and ZIP Code PLYMOUTH MN 55447		

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) ONE TEAM SENATE MAJORITY		
(b) Address (number and street) 421 OFFICE PARK DRIVE		
(c) City, State, and ZIP Code MOUNTAIN BROOK AL 35223		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate TAFOYA, MICHELE, , ,	Date 08/14/2026
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

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)

TEAM TAFOYA

(b) Address (number and street)

3500 VICKSBURG LN N
STE 267

(c) City, State, and ZIP Code

PLYMOUTH

MN

55447

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)

TAFOYA FOR MN SENATE REPUBLICAN NOMINEE FUND 2026

(b) Address (number and street)

421 OFFICE PARK DR

(c) City, State, and ZIP Code

MOUNTAIN BROOK

AL

35223

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

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