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FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|--|-------|--|
| 1. (a) Name of Candidate (in full) Mygland, Jeremy, , , | | |
| (b) Address (number and street) PO Box 305 | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code East Helena | | 2. Candidate's FEC Identification Number S4MT00175 |
| 4. Party Affiliation REPUBLICAN PARTY | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A) |
| MT | 59635 | 6. State & District of Candidate MT 00 |
| 5. Office Sought Senate | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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)

Mygland for Montana

(b) Address (number and street)

PO Box 305

(c) City, State, and ZIP Code

East Helena

MT 59635

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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

Mygland, Jeremy, , ,

Date

[Electronically Filed] 07/01/2022

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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