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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Tate, Tiffanie, , Dr.,			2. Candidate's FEC Identification Number H6CA41299		
(b) Address (number and street) PO Box 7058		<input type="checkbox"/> Check if address changed		3. Is This Statement	
(c) City, State, and ZIP Code Riverside		CA	92513	<input type="checkbox"/>	New (N) <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate CA 40			

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)

Dr. Tiffanie Tate for Congress

(b) Address (number and street)

PO Box 7058

(c) City, State, and ZIP Code

Riverside

CA

92513

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

Tate, Tiffanie, , ,

Date

11/07/2025

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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