

FEC FORM 2
STATEMENT OF CANDIDACY

HAND DELIVERED

FEC PUBLIC RECORDS
APR 1 2024 PM3:06

1. (a) Name of Candidate (in full) RYAN OLIVIER CHRISTIAN KRAFT		2. FEC Candidate Identification Number
(b) Address (number and street) PO BOX 33043		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code PORTLAND, OR, 97292		
4. Party Affiliation DEMOCRAT	5. Office Sought HOUSE OF REPRESENTATIVES	6. State & District of Candidate OREGON

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) RY KRAFT FOR HOUSE OF REPRESENTATIVES
(b) Address (number and street) PO. BOX 33043
(c) City, State, and ZIP Code PORTLAND, OR, 97292

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 	Date 04.01.2024
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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(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

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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Federal Election Commission
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☐ No Postmark

☐ Overnight Delivery
Service (Specify):

Shipping Date

Date of Receipt

Next Business Day Delivery ☐

☐ Received via FAX

Date of Receipt

☐ Received via Email

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt

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WDO
PREPARER
(4/2023)

4/1/24
DATE PREPARED

NOT FOR FILING