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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Omar, Ilhan, , ,									
	(b) Address (number and street) PO Box 33079		Check if addre	ss changed		Candidate's FEC Identification Number H8MN05239				
	(c) City, State, and ZIP Code					3. Is This New Amended				
	Washington		DO	2003	3	Statement (N) OR (A)				
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate				
	DEMOCRATIC-FARM-LABOR	House			MN	05				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following na	med political co	ommittee as n	ny Principal	Campaign Com	mittee for the 2024 (year of election) election(s).				
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in t	he instructions.					
	(a) Name of Committee (in full)									
	Ilhan for Congress									
	(b) Address (number and street)									
	PO BOX 33079									
	(c) City, State, and ZIP Code									
	Washington				DC	20033				
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES				
		(Including Joir	nt Fundraisir	g Representativ	ves)				
0	I haraby authorize the following par	nod committoo	which is NO	T my princip	al campaign cor	mmittee, to receive and expend funds on behalf of my				
0.	candidacy.	nea committee	, WHICH IS NO	т тту ртттстр	ai campaign coi	militiee, to receive and expend funds on behalf of my				
	NOTE: This designation should be	filed with the pr	incipal campa	aign committ	ee.					
	(a) Name of Committee (in full)									
	The Empowerment	Fund								
	(b) Address (number and street)									
	PO BOX 1863									
	(c) City, State, and ZIP Code									
	Indianapolis				IN	46206				
	I certify that I have exa	amined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.				
Si	gnature of Candidate					Date				
0	mar, Ilhan, , ,					08/16/2024				
NC	OTE: Submission of false, erroneous	, or incomplete	information r	nay subject	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.				

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)
	The Squad Victory Fund
	(b) Address (number and street)
	611 PENNSYLVANIA AVE SE Num 143
	(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.
	(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)
	(a) / Marioso (mariiso) and orisot)
	(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