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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 address changed				2. Candidate's FEC Identification Number H8MN05239			
(c)	City, State, and ZIP Code					3. Is This New Amended	Γ		
	Washington		DC	2003	3	Statement (N) OR (A)			
4. Pa	rty Affiliation	5. Office Soug	ght		6. State & Dist	trict of Candidate	_		
DI	EMOCRATIC-FARM-LABOR	House			MN	05			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I h	ereby designate the following na	med political co	ommittee as n	ny Principal (Campaign Com	mittee for the 2026 (year of election) election(s).			
	TE: This designation should be	filed with the ap	opropriate offi	ce listed in t	ne 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			
	-				g Representativ				
					•	·			
	ereby authorize the following na ndidacy.	med committee	, which is NO	T my princip	al campaign cor	mmittee, to receive and expend funds on behalf of my			
NC	TE: This designation should be	filed with the pr	incipal campa	nign 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			
	aranapana								
	I certify that I have ex	amined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
Signa	ture of Candidate					Date	_		
Omar, Ilhan, , ,				11/21/2024					
o men	,, , ,								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing 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)								
	(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								