

Image# 202109159466683434

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Omar, Ilhan, , ,			2. Candidate's FEC Identification Number H8MN05239	
(b) Address (number and street) PO Box 33079		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Washington DC 20033		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC-FARM-LABOR	5. Office Sought House	6. State & District of Candidate MN 05		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) Ilhan for Congress		
(b) Address (number and street) PO Box 33079		
(c) City, State, and ZIP Code Washington DC 20033		

### 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 Empowerment Fund		
(b) Address (number and street) PO Box 1863		
(c) City, State, and ZIP Code Indianapolis IN 46206		

*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 Omar, Ilhan, , ,  <i>[Electronically Filed]</i>	Date 09/15/2021
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**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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

**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

(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