

Image# 202601239794149455

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) TAFOYA, MICHELE, , ,				
(b) Address (number and street) 3500 VICKSBURG LN N STE 267		<input type="checkbox"/> Check if address changed		
		2. Candidate's FEC Identification Number S6MN00556		
(c) City, State, and ZIP Code PLYMOUTH		MN	55447	
		3. Is This Statement		
		<input type="checkbox"/> New (N)	<input checked="" type="checkbox"/> OR	<input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		
		6. State & District of Candidate MN 00		

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)

TAFOYA FOR SENATE

(b) Address (number and street)

3500 VICKSBURG LN N
STE 267

(c) City, State, and ZIP Code

PLYMOUTH

MN 55447

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)

ONE TEAM SENATE MAJORITY

(b) Address (number and street)

421 OFFICE PARK DRIVE

(c) City, State, and ZIP Code

MOUNTAIN BROOK

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 <i>TAFOYA, MICHELE, , ,</i>	Date 01/23/2026
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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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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)

TEAM TAFOYA

(b) Address (number and street)

3500 VICKSBURG LN N
STE 267

(c) City, State, and ZIP Code

PLYMOUTH

MN

55447

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