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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.   | (a) Name of Candidate (in full)<br>Lynch, Mike, , ,   |                                       |    |  |                |                  |   |      |   |         |  |
|--|---|---------------------------------------|----|--|----------------|------------------|---|------|---|---------|--|
|  | (b) Address (number and street) PO Box 126  | Address (number and street)           |    |  |                |                  | Candidate's FEC Identification Number     H4C004272 |      |   |         |  |
|  | (c) City, State, and ZIP Code   | City, State, and ZIP Code             |    |  |                |                  | s N   | ew   |   | Amended |  |
|  | Fort Lupton   | · · · · · · · · · · · · · · · · · · · |    |  |                |                  | nent X (N   | ) OR | Ш | (A)     |  |
| 4.   | Party Affiliation REPUBLICAN PARTY  | 5. Office Sough<br>House              | nt |  | 6. State & Dis | strict of Candid | date  |      |   |         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |   |                                       |    |  |                |                  |   |      |   |         |  |
| 7.   | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)                 |                                       |    |  |                |                  |   |      |   |         |  |
|  | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                                       |    |  |                |                  |   |      |   |         |  |
|  | (a) Name of Committee (in full)   |                                       |    |  |                |                  |   |      |   |         |  |
|  | Mike Lynch for Congress   |                                       |    |  |                |                  |   |      |   |         |  |
|  | (b) Address (number and street)   |                                       |    |  |                |                  |   |      |   |         |  |
|  | PO Box 126  |                                       |    |  |                |                  |   |      |   |         |  |
|  | (c) City, State, and ZIP Code   |                                       |    |  |                |                  |   |      |   |         |  |
|  | Fort Lupton   |                                       |    |  | CO             | 80621            | I   |      |   |         |  |
| 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             | Date  |      |   |         |  |
| Lynch, Mike, , ,   |   |                                       |    |  |                | 01/03/2024       |   |      |   |         |  |
| NC   | 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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