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Image# 202305269581681525

## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                |     |            |                 |                 |   |       |     |  |
|---|---|----------------|-----|------------|-----------------|-----------------|---|-------|-----|--|
|   | RAHM, TAYLER, , ,   |                |     |            |                 |                 |   |       |     |  |
|   | (b) Address (number and street) ☐ Check if address changed 236 CONCORD EXCHANGE NORTH BOX 621                                   |                |     |            |                 |                 | Candidate's FEC Identification Number     H4MN02169 |       |     |  |
|   | (c) City, State, and ZIP Code   |                |     | 3. Is This |                 | ew              | Amended   |       |     |  |
|   | SOUTH ST. PAUL MN   |                |     | J 5507     | 5               | Statem          | nent 🗶 (N   | l) OR | (A) |  |
| 4.  | Party Affiliation   | 5. Office Soug | ght |            | 6. State & Dist | trict of Candid | date  |       |     |  |
|   | REPUBLICAN PARTY  | House          |     |            | MN              | 02              |   |       |     |  |
| 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) RAHM FOR CONGRESS   |   |                |     |            |                 |                 |   |       |     |  |
|   | (b) Address (number and street) 236 CONCORD EXCHANGE NORTH BOX 621  |                |     |            |                 |                 |   |       |     |  |
|   | (c) City, State, and ZIP Code   |                |     |            |                 |                 |   |       |     |  |
|   | SOUTH ST. PAUL  |                |     |            | MN              | 55075           | ;   |       |     |  |
|   | 33311131117132  |                |     |            |                 |                 |   |       |     |  |
| 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)   |   |                |     |            |                 |                 |   |       |     |  |
| (·/ ······ (····· ··· <del>····· ··········)</del>  |   |                |     |            |                 |                 |   |       |     |  |
| (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.  |   |                |     |            |                 |                 |   |       |     |  |
| Si  | Signature of Candidate Date   |                |     |            |                 |                 |   |       |     |  |
| RAHM, TAYLER, , , [Electronically Filed] 05/26/2023   |   |                |     |            |                 |                 |   |       |     |  |
| 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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