

Image# 202302039578125544

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McCollum, Betty, , ,		2. Candidate's FEC Identification Number HOMN04049
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. BOX 14131		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code ST. PAUL MN 55114		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MN 04

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) MCCOLLUM FOR CONGRESS	
(b) Address (number and street) P.O. BOX 14131	
(c) City, State, and ZIP Code St.PAUL MN 55114	

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 McCollum, Betty, , , <i>[Electronically Filed]</i>	Date 02/01/2023
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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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