

Image# 202401119600029570

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Christiansen, Katrina, , ,			2. Candidate's FEC Identification Number S4ND00079	
(b) Address (number and street) P.O. Box 833		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Jamestown ND 58402		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation Dem	5. Office Sought Senate	6. State & District of Candidate ND 00		

### 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) FRIENDS OF KATRINA CHRISTIANSEN		
(b) Address (number and street) P.O. BOX 883		
(c) City, State, and ZIP Code JAMESTOWN ND 58402		

### 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 Christiansen, Katrina, , ,	Date 01/11/2024
--	--------------------

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--	--