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FEC FORM 2

STATEMENT OF CANDIDACY

_									
1.	(a) Name of Candidate (in full) Tester, R., Jon, ,								
	(b) Address (number and street)		heck if addre	ss changed		2. Candida	te's FEC Ident	ification	Number
	PO Box 1135					S6MT0			
	(c) City, State, and ZIP Code Helena		МП	5962	1	3. Is This Statem			X (A)
4.	Party Affiliation	5. Office Soug			6. State & Dis				(1)
	DEMOCRATIC PARTY	Senate			MT	00			
	D	ESIGNATIC	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE		
7.	I hereby designate the following na	amed political co	ommittee as m	y Principal (Campaign Com	mittee for the	2024 (year of elect		ion(s).
	NOTE: This designation should be	filed with the ap	propriate offi	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)								
	Montanans for Test	er							
	(b) Address (number and street)								
	PO Box 1135								
	(c) City, State, and ZIP Code								
	Helena				MT	59624			
	DI	ESIGNATIO	N OF OT	HER AU	THORIZED	COMMIT	TEES		
		(Including Join	t Fundraisin	g Representativ	ves)			
8.	I hereby authorize the following na candidacy.	med committee	, which is NO	Γ my principa	al campaign co	mmittee, to re	ceive and exp	end fund	s on behalf of my
	NOTE: This designation should be	filed with the pr	incipal campa	ign committe	ee.				
	(a) Name of Committee (in full)								
	Republicans for Te	ster							
	(b) Address (number and street)								
	PO Box 1135								
	(c) City, State, and ZIP Code								
	Helena				MT	59624			
	I certify that I have ex	amined this Sta	tement and to	the best of i	my knowleage i		true, correct a	na comp	Nete.
	gnature of Candidate					Date			
Te	ester, R. Jon, , ,					08/28/202	24		
NC	OTE: Submission of false, erroneou	s, or incomplete	information n	nay subject t	ne person signi	ing this Staten	nent to penalti	es of 2 U	.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)					
	Tester Victory Fund					
	(b) Address (number and street)					
	946 Bandmann Trl					
	(c) City, State, and ZIP Code					
	Missoula	MT	59802			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal carr			f my		
	(a) Name of Committee (in full)					
	Blue Senate Candidate Fund					
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal candidacy. Note: This designation should be filed with the principal candidacy. Name of Committee (in full) Blue Senate 2024			f my		
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal candidacy. Name of Committee (in full)		•	f my		
	Senate OH & MT					
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundrais	ing Representa	atives)			
3.	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)					
	SENATE IMPACT 2024					
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal camp		•			
	(a) Name of Committee (in full)					
	The Liftoff Fund					
	(b) Address (number and street) 600 Pennsylvania Ave. SE #15180					
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
3.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal campoon (a) Name of Committee (in full) WYDEN FUND FOR A SENATE MAJORITY (b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180					
	000 PENNSTLVANIA AVE SE #15180					
	(c) City, State, and ZIP Code					
	WASHINGTON	DC	20003			
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal camparation (a) Name of Committee (in full)					
	CANTWELL TESTER VICTORY FUND					
	(b) Address (number and street)					
	401 2ND AVE S STE 303					
	(c) City, State, and ZIP Code					
	SEATTLE	WA	98104			

Optional Supplemental Page for Designation of Additional Authorized Committees

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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 pricandidacy. NOTE : This designation should be filed with the principal ca		
	(a) Name of Committee (in full)		
	MAJORITY 2024		
	(b) Address (number and street) PO BOX 65322		
	(c) City, State, and ZIP Code WASHINGTON	DC	20035
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca		•
	(a) Name of Committee (in full)		
	MT NV VICTORY FUND (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143		
	(c) City, State, and ZIP Code WASHINGTON	DC	20003
	WASHINGTON	DC	20005
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal ca	ncipal campaign	committee, to receive and expend funds on behalf of my
8.	I hereby authorize the following named committee, which is NOT my pri	ncipal campaign	committee, to receive and expend funds on behalf of my
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE : This designation should be filed with the principal cardial Name of Committee (in full)	ncipal campaign	committee, to receive and expend funds on behalf of my
8.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal ca (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE	ncipal campaign	committee, to receive and expend funds on behalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal care. (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143 (c) City, State, and ZIP Code	ncipal campaign impaign committe DC ncipal campaign	committee, to receive and expend funds on behalf of my ee. 20003 committee, to receive and expend funds on behalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal care. (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT my pricandidacy.	ncipal campaign impaign committe DC ncipal campaign	committee, to receive and expend funds on behalf of my ee. 20003 committee, to receive and expend funds on behalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial card	ncipal campaign impaign committe DC ncipal campaign	committee, to receive and expend funds on behalf of my ee. 20003 committee, to receive and expend funds on behalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial (a) Name of Committee (in full)	ncipal campaign impaign committe DC ncipal campaign	committee, to receive and expend funds on behalf of my ee. 20003 committee, to receive and expend funds on behalf of my
	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial (a) Name of Committee (in full) DEM SENATE VICTORY 2024 (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143 (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cardial (a) Name of Committee (in full) SCHUMER MAJORITY COMMITTEE (b) Address (number and street)	ncipal campaign impaign committe DC ncipal campaign	committee, to receive and expend funds on behalf of my ee. 20003 committee, to receive and expend funds on behalf of my

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the principal candidacy.		ee.	
	(a) Name of Committee (in full)			
	TESTER TRANEL VICTORY FUND			
	(b) Address (number and street) PO BOX 558			
	(c) City, State, and ZIP Code BILLINGS	MT	59102	
3.	. I hereby authorize the following named committee, which is NOT candidacy. NOTE : This designation should be filed with the princi		·	y
	(a) Name of Committee (in full)			_
	OH MT AZ VICTORY FUND			
	(b) Address (number and street) 600 PENNSYLVANIA AVE SE #15180			_
	(c) City, State, and ZIP Code			_
	WASHINGTON	DC	20003	
3.	WASHINGTON I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT	my principal campaign ipal campaign committe	committee, to receive and expend funds on behalf of my	y _
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT	my principal campaign ipal campaign committe	committee, to receive and expend funds on behalf of my	y _
3.	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT (b) Address (number and street)	my principal campaign ipal campaign committe	committee, to receive and expend funds on behalf of my	y
	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT (b) Address (number and street) 120 MARYLAND AVE NE (c) City, State, and ZIP Code	my principal campaign ipal campaign committe + PA + DSCC DC my principal campaign	committee, to receive and expend funds on behalf of my se. 20002 committee, to receive and expend funds on behalf of my	_
	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT (b) Address (number and street) 120 MARYLAND AVE NE (c) City, State, and ZIP Code WASHINGTON	my principal campaign ipal campaign committe + PA + DSCC DC my principal campaign	committee, to receive and expend funds on behalf of my se. 20002 committee, to receive and expend funds on behalf of my	_
	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT - (b) Address (number and street) 120 MARYLAND AVE NE (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) SCHIFF(T) THE SENATE (b) Address (number and street) 611 PENNSYLVANIA AVE SE SUITE 143	my principal campaign ipal campaign committe + PA + DSCC DC my principal campaign	committee, to receive and expend funds on behalf of my se. 20002 committee, to receive and expend funds on behalf of my	_
	I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) 2024 DEM SENATE VICTORY: AZ + MT (b) Address (number and street) 120 MARYLAND AVE NE (c) City, State, and ZIP Code WASHINGTON I hereby authorize the following named committee, which is NOT candidacy. NOTE: This designation should be filed with the princi (a) Name of Committee (in full) SCHIFF(T) THE SENATE (b) Address (number and street) 611 PENNSYLVANIA AVE SE	my principal campaign ipal campaign committe + PA + DSCC DC my principal campaign	committee, to receive and expend funds on behalf of my se. 20002 committee, to receive and expend funds on behalf of my	_

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

	(Including Joint Fundraising Representatives)
3.	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)
	MONTANA ARIZONA VICTORY FUND
	(b) Address (number and street) PO BOX 588
	(c) City, State, and ZIP Code
	BILLINGS MT 59103
3.	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) WA SENATE VICTORY FUND
	(b) Address (number and street) 401 2ND AVENUE SOUTH SUITE 303 (c) City, State, and ZIP Code
	SEATTLE WA 98104
3.	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
3.	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