

Image# 202408289675289590

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Tester, R., Jon, ,			2. Candidate's FEC Identification Number S6MT00162	
(b) Address (number and street) PO Box 1135		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Helena MT 59624		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MT 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) Montanans for Tester		
(b) Address (number and street) PO Box 1135		
(c) City, State, and ZIP Code Helena MT 59624		

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) Republicans for Tester		
(b) Address (number and street) PO Box 1135		
(c) City, State, and ZIP Code Helena MT 59624		

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 Tester, R. Jon, , ,	Date 08/28/2024
---	--------------------

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

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

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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 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)

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 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)

Blue Senate 2024

(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 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 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

FEC Form 2S (Revised 02/2017)

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)

SENATE IMPACT 2024

(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 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)

The Liftoff 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 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)

WYDEN FUND FOR A SENATE MAJORITY

(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 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)

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

FEC Form 2S (Revised 02/2017)

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)

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 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)

MT NV VICTORY FUND

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
SUITE 143

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

DEM SENATE VICTORY 2024

(b) Address (number and street)

611 PENNSYLVANIA AVE SE
SUITE 143

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

SCHUMER MAJORITY COMMITTEE

(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

FEC Form 2S (Revised 02/2017)

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 TRANEL VICTORY FUND

(b) Address (number and street)

PO BOX 558

(c) City, State, and ZIP Code

BILLINGS

MT

59102

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)

OH MT AZ VICTORY 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 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)

2024 DEM SENATE VICTORY: AZ + MT + PA + DSCC

(b) Address (number and street)

120 MARYLAND AVE NE

(c) City, State, and ZIP Code

WASHINGTON

DC

20002

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)

SCHIFF(T) THE SENATE

(b) Address (number and street)

611 PENNSYLVANIA AVE SE

SUITE 143

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

Optional Supplemental Page for Designation
of Additional Authorized Committees

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)

MONTANA ARIZONA VICTORY FUND

(b) Address (number and street)

PO BOX 588

(c) City, State, and ZIP Code

BILLINGS

MT

59103

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)

WA SENATE VICTORY FUND

(b) Address (number and street)

401 2ND AVENUE SOUTH
SUITE 303

(c) City, State, and ZIP Code

SEATTLE

WA

98104

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

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