

Image# 201901319144289620

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 checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MT		

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)		
(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 Tester, R. Jon, , , <i>[Electronically Filed]</i>	Date 01/31/2019
--	--------------------

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

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