

Image# 202301269575001644

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                           |  |   |  |
|--|---------------------------|--|---|--|
| 1. (a) Name of Candidate (in full)<br>Zinke, Ryan, K, ,  |                           |  | 2. Candidate's FEC Identification Number<br>H4MT01041 |  |
| (b) Address (number and street)<br>409 2nd St W          |                           | <input type="checkbox"/> Check if address changed  |   |  |
| (c) City, State, and ZIP Code<br>Whitefish MT 59937-3010 |                           | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |   |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY                 | 5. Office Sought<br>House | 6. State & District of Candidate<br>MT 01  |   |  |

### 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)<br>Zinke for Congress |  |  |
| (b) Address (number and street)<br>PO Box 1597        |  |  |
| (c) City, State, and ZIP Code<br>Helena MT 59624-1597 |  |  |

### 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)<br>TAKE BACK THE HOUSE 2022 |  |  |
| (b) Address (number and street)<br>PO BOX 30844             |  |  |
| (c) City, State, and ZIP Code<br>BETHESDA MD 20824          |  |  |

*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<br>Zinke, Ryan, K, ,<br><br><i>[Electronically Filed]</i> | Date<br>01/26/2023 |
|--|--------------------|

**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)

**Zinke Victory Fund**

(b) Address (number and street)

824 S Milledge Ave Ste 101

(c) City, State, and ZIP Code

Athens

GA

30605

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)

**TAKE BACK MT-01 REPUBLICAN NOMINEE FUND 2022**

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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)

**TEAM ZINKE**

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

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)

**TEAM VALOR**

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State, and ZIP Code

ATHENS

GA

30605

Optional Supplemental Page for Designation  
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(a) Name of Committee (in full)

PROTECT THE HOUSE 2024

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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