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FEC FORM 2

STATEMENT OF CANDIDACY

_								
1.	(a) Name of Candidate (in full) Craig, Angela, Dawn, ,							
	(b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number		
	P.O. Box 22116					H6MN02131		
	(c) City, State, and ZIP Code					3. Is This New Amended		
	Eagan		MN	5512		Statement (N) OR (A)		
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate		
	DEMOCRATIC PARTY	House			MN	02		
	DI	ESIGNATIO	N OF PR	NCIPAL	CAMPAIG	N COMMITTEE		
7.	I hereby designate the following na	med political co	ommittee as m	y Principal (Campaign Com	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).		
	NOTE: This designation should be	filed with the ap	opropriate offic	ce listed in th	ne instructions.			
	(a) Name of Committee (in full)							
	Angie Craig for Cor	igress						
	(b) Address (number and street)							
	P.O. Box 22116							
	(c) City, State, and ZIP Code							
	Eagan				MN	55122		
	Di	SIGNATIO	N OF OT			COMMITTEES		
	Di				g Representati			
•								
8.	candidacy.	med committee	, which is NO	my principa	ai campaign co	mmittee, to receive and expend funds on behalf of my		
	NOTE: This designation should be	filed with the pr	incipal campa	ign committe	ee.			
	(a) Name of Committee (in full)							
	Minnesota Second	District Vi	ctory Co	mmittee				
	(b) Address (number and street)							
	P.O. Box 22116							
	(c) City, State, and ZIP Code							
	Eagan				MN	55122		
	•	amined this Sta	tement and to	the best of	my knowledge	and belief it is true, correct and complete.		
Si	gnature of Candidate					Date		
C	raig, Angela, Dawn, ,					04/11/2024		
NC	OTE: Submission of false, erroneous	s, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.		
NC	OTE: Submission of false, erroneous	s, or incomplete	information m	nay subject t	he person signi	ing this Statement to penalties of 2 U.S.C. §437g.		
NC	OTE: Submission of false, erroneous	s, or incomplete	information m	nay subject t	he person signi	ng this Statement to penalties of 2 U.S.C. §437g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

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)							
	Stand Up for Democracy JFA							
	(b) Address (number and street)							
	PO Box 5418							
	(c) City, State, and ZIP Code							
	Tacoma Park	MD	20913					
8.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE : This designation should be filed with the principal came							
	(a) Name of Committee (in full)							
	EQUALITY PROJECT 2024							
	(b) Address (number and street) PO BOX 15320							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					
0.	I hereby authorize the following named committee, which is NOT my princ candidacy. NOTE: This designation should be filed with the principal cam (a) Name of Committee (in full) CRAIG BUDZINSKI VICTORY FUND (b) Address (number and street) 600 PENNSYLVANIA AVE SE							
	UNIT 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)							
	DEMOCRATIC FUTURE LEADERSHIP FUND							
	(b) Address (number and street) PO BOX 15845							
	(c) City, State, and ZIP Code							
	WASHINGTON	DC	20003					

FEC Form 2S (Revised 02/2017)

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)							
	DEMOCRACY SUMMER 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)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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	(b) Address (number and street)							
	(c) City, State, and ZIP Code							