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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Weiler, Tom, , ,									
	(b) Address (number and street) PO Box 127	☐ Check if address changed			Candidate's FEC Identification Number     H2MN03104					
	(c) City, State, and ZIP Code					3. Is This	New		v	Amended
	Wayzata		MN	I 5539		Stateme	( )	OR	×	(A)
4.	Party Affiliation	5. Office Sough	nt			rict of Candidat	te			
	REPUBLICAN PARTY	House			MN	03				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	ned political con	nmittee as m	y Principal (	Campaign Com	_	2022 year of electio		on(s).	
	NOTE: This designation should be f	iled with the app	ropriate offic	ce listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	Weiler for Congress									
	(b) Address (number and street)									
	PO Box 127									
	(c) City, State, and ZIP Code									
	Wayzata				MN	55391				
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES									
		OIGITATIO	101011	HER AU	<b>THORIZED</b>	COMMITT	EE2			
					<b>THORIZED</b> g Representativ		EE9			
8.	I hereby authorize the following name candidacy.	(Ir	cluding Join	t Fundraisin	g Representativ	res)		nd funds	s on be	half of my
8.	I hereby authorize the following name	(Ir	ncluding Join	t Fundraisin Γ my principa	g Representatival campaign cou	res)		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formula (a) Name of Committee (in full)	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formula (a) Name of Committee (in full)	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street)	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844	(Irned committee, valued with the prin	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign con	es) nmittee, to rece		nd funds	s on be	half of my
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA	(Inned committee, was a siled with the prints of REPUBL	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign consee.  E FUND 2	es) nmittee, to rece  022  20824	eive and expe			half of my
	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have examples of the candidate of th	(Inned committee, was a siled with the prints of REPUBL	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign consee.  E FUND 2	es) nmittee, to rece  022  20824	eive and expe			half of my
Si	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have example of Candidate	(Inned committee, was a siled with the prints of REPUBL	ncluding Join which is NOT	t Fundraisin Γ my principa ign committe	g Representatival campaign consee.  E FUND 2	es) nmittee, to rece  022  20824	eive and expe			half of my
Si	I hereby authorize the following name candidacy.  NOTE: This designation should be following name of Committee (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have examples of the candidate of th	(Inned committee, was a siled with the prints of REPUBL	ncluding Join which is NOT	t Fundraisin  T my principal  ign committee  OMINE	g Representatival campaign consee.  E FUND 2	20824  Date	eive and expen			half of my
Si	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have example of Candidate	(Inned committee, was a siled with the prints of REPUBL	ncluding Join which is NOT	t Fundraisin  T my principal  ign committee  OMINE	g Representatival campaign consee.  E FUND 2  MD	20824  Date	eive and expen			half of my
Si <sub>t</sub>	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have example of Candidate	(In ned committee, while the prints of the p	ncluding Join which is NOT ncipal campa ICAN No	t Fundraisin  T my principal  ign committee  OMINE  the best of a	g Representative al campaign conservation co	20824  20824  and belief it is tr  Date  09/02/2022	eive and expendence	d comp.	lete.	
Si <sub>t</sub>	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  TAKE BACK MN-03  (b) Address (number and street) PO BOX 30844  (c) City, State, and ZIP Code BETHESDA  I certify that I have example of Candidate deciler, Tom, , ,	(In ned committee, while the prints of the p	ncluding Join which is NOT ncipal campa ICAN No	t Fundraisin  T my principal  ign committee  OMINE  the best of a	g Representative al campaign conservation co	20824  20824  and belief it is tr  Date  09/02/2022	eive and expendence	d comp.	lete.	

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)

	candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)  TAKE BACK THE HOUSE 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. <b>NOTE</b> : 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 candidacy. <b>NOTE</b> : This designation should be filed with the (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. <b>NOTE</b> : 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						