

Image# 202402079619685691

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                           |   |   |  |
|--|---------------------------|---|---|--|
| 1. (a) Name of Candidate (in full)<br>Finstad, Brad, , , |                           |   | 2. Candidate's FEC Identification Number<br>H2MN01223 |  |
| (b) Address (number and street)<br>PO Box 923            |                           | <input type="checkbox"/> Check if address changed |   |  |
| (c) City, State, and ZIP Code<br>New Ulm                 |                           | MN  | 56073   | 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>MN 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>Finstad for Congress |  |  |
| (b) Address (number and street)<br>PO Box 923           |  |  |
| (c) City, State, and ZIP Code<br>New Ulm MN 56073       |  |  |

### 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>Finstad Victory Committee |  |  |
| (b) Address (number and street)<br>PO Box 183                |  |  |
| (c) City, State, and ZIP Code<br>Hudson WI 54016             |  |  |

*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>Finstad, Brad, , , | Date<br>02/07/2024 |
|--|--------------------|

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

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)

**JERRY CARL CANDIDATE FUND**

(b) Address (number and street)

PO BOX 852138

(c) City, State, and ZIP Code

MOBILE

AL

36685

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)

**FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST**

(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)

**GT FARM TEAM 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)

**GREATER MINNESOTA VICTORY FUND**

(b) Address (number and street)

PO BOX 183

(c) City, State, and ZIP Code

HUDSON

WI

54016

Optional Supplemental Page for Designation  
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES  
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

Fisch & Fin Fund

(b) Address (number and street)

PO Box 153

(c) City, State, and ZIP Code

Litchfield

MN

55355

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