FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1/1

(b) Name of Candidate (in full) Phillips, Dean, , ,										
	rinnps, Dean, , ,										
) Address (number and street)	Check if	address cl	hanged		2. Candida	te's FEC lo	dentifica	ation N	umber	
(c)	PO Box 741			9.1		P40016					
) City, State, and ZIP Code		N AN I	FFOO	1	3. Is This	~ ~ ~	New	05	Amende	əd
4	Excelsion	E Office Courts	MN	5533		Statem		(N)	OR	(A)	
	arty Affiliation EMOCRATIC PARTY	5. Office Sought Presidential			6. State & Dis	00	late				
	DE	SIGNATION OF			CAMPAIG		TTEE				
7. lh	ereby designate the following na	med political committee	e as my Pr	rincipal C	Campaign Com	mittee for the	2024 (year of e	lection)	electio	n(s).	
N	DTE: This designation should be	filed with the appropria	te office lis	sted in th	ne instructions.						
(a) Name of Committee (in full)										
	Dean 24, Inc.										
(b) Address (number and street)										
	PO Box 741										
(c)) City, State, and ZIP Code										
	Excelsior				MN	55331					
	DE	SIGNATION OF (Includin	-	-	THORIZED		TEES				
ca N((a	DE ereby authorize the following nar indidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)	(Includin ned committee, which	ig Joint Fu	ndraisin / principa	g Representation	ves)	_	expend	l funds	on behalf of my	· ·
ca N((a	nereby authorize the following nar Indidacy. D TE: This designation should be	(Includin ned committee, which	ig Joint Fu	ndraisin / principa	g Representation	ves)	_	expend	l funds	on behalf of my	,
(a	nereby authorize the following nar Indidacy. D TE: This designation should be	(Includin ned committee, which	ig Joint Fu	ndraisin / principa	g Representation	ves)	_	expend	l funds	on behalf of my	,
(a	nereby authorize the following nar andidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)) City, State, and ZIP Code	(Includin ned committee, which	ig Joint Fu is NOT my campaign (ndraising / principa committe	g Representati	ves) mmittee, to re	ceive and				,
Ca N((a (b) (c)	nereby authorize the following nar andidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)) City, State, and ZIP Code	(Includin ned committee, which iled with the principal o	ig Joint Fu is NOT my campaign (ndraising / principa committe	g Representati	ves) mmittee, to re	ceive and				,
Ca No (a (b (c)	ereby authorize the following nar indidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)) City, State, and ZIP Code <i>I certify that I have exa</i>	(Includin ned committee, which iled with the principal o	ig Joint Fu is NOT my campaign (ndraising / principa committe	g Representati	ves) mmittee, to rea	true, corre				· · · · · · · · · · · · · · · · · · ·
Ca No (a (b (c) Sign: Phill	ereby authorize the following nar indidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)) City, State, and ZIP Code <i>I certify that I have exa</i> ature of Candidate	(Includin ned committee, which illed with the principal of mined this Statement	ig Joint Fu is NOT my campaign of	ndraising / principa committe best of I	g Representati al campaign co ee.	and belief it is Date 10/26/202	true, corre	ect and	comple	ete.	,
Ca No (a (b (c) Sign: Phill	ereby authorize the following nar indidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)) City, State, and ZIP Code <i>I certify that I have exa</i> ature of Candidate <i>ips, Dean, , ,</i>	(Includin ned committee, which illed with the principal of mined this Statement	ig Joint Fu is NOT my campaign of	ndraising / principa committe best of I	g Representati al campaign co ee.	and belief it is Date 10/26/202	true, corre	ect and	comple	ete.	/
(a	nereby authorize the following nar andidacy. DTE: This designation should be) Name of Committee (in full)) Address (number and street)	(Includin ned committee, which	ig Joint Fu	ndraisin / principa	g Representation	ves)	_	expend	I funds	on behalf of my	