FEC FORM 2

STATEMENT OF CANDIDACY

	ne of Candidate (in full)									
	nmer, Trygve, , ,		h1. 12			10.0 "	4-1- FFO ! !	-4161 11	Lucat	
	(b) Address (number and street) ☐ Check if address changed PO Box 631					Candidate's FEC Identification Number H4ND01044				
	State, and ZIP Code				_	3. Is This		ew		Amended
	Minot ND 58702					Statem	,	l) OR		(A)
4. Party Af		5. Office Soug	ht		6. State & Dist		late			
DEMO	CRATIC PARTY	House			ND	01				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full)										
Trygve Hammer for Congress										
(b) Addr	ress (number and street)									
РО	Box 631									
(c) City,	State, and ZIP Code									
Mi	not				ND	58702				
(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) (b) Address (number and street) (c) City, State, and ZIP Code										
	Loostify that I have ave	amin and their Ctat	amant and to	. 4h a h a a 4 a 6	many less and a day a	and haliaf it is	4****	and some	lata	
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						Date				
Hammer, Trygve, , ,						01/02/202	24			
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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FEC FORM 2 (REV. 02/2009)