

Image# 202301199574855743

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CRAPO, MICHAEL D, , ,			2. Candidate's FEC Identification Number S8ID00027	
(b) Address (number and street) 239 DIRKSEN SENATE OFFICE BLDG		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code WASHINGTON DC 20510-0001		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate ID 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 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) MIKE CRAPO FOR US SENATE			
(b) Address (number and street) PO BOX 1948			
(c) City, State, and ZIP Code BOISE		ID	83701

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) CRAPO VICTORY COMMITTEE			
(b) Address (number and street) 228 S. WASHINGTON ST. STE. 115			
(c) City, State, and ZIP Code ALEXANDRIA		VA	22314

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 CRAPO, MICHAEL, , , <i>[Electronically Filed]</i>	Date 01/19/2023
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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)

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(a) Name of Committee (in full)

CORNYN VICTORY COMMITTEE

(b) Address (number and street)

PO BOX 13026

(c) City, State, and ZIP Code

AUSTIN

NC

78711

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)

TAKE BACK THE SENATE

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

TEAM MCCONNELL

(b) Address (number and street)

228 S. WASHINGTON STREET

SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

Team Crapo

(b) Address (number and street)

824 S Milledge Ave

Ste 101

(c) City, State, and ZIP Code

Athens

GA

30605

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

FRIENDS OF MITT JOINT FUNDRAISING COMMITTEE

(b) Address (number and street)

C/O RED CURVE SOLUTIONS
138 CONANT STREET, SUITE 201

(c) City, State, and ZIP Code

BEVERLY MA 01915

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)

TILLIS AND COLLEAGUES VICTORY COMMITTEE

(b) Address (number and street)

228 S WASHINGTON ST
STE 115

(c) City, State, and ZIP Code

ALEXANDRIA VA 22314

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.

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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