

Image# 202011309337211750

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Smith, Tina, , ,			2. Candidate's FEC Identification Number S8MN00578	
(b) Address (number and street) P.O. Box 14362		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Saint Paul MN 55114		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate MN		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) Tina Smith for Minnesota		
(b) Address (number and street) P.O. Box 14362		
(c) City, State, and ZIP Code Saint Paul MN 55114		

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) Tina Smith Victory		
(b) Address (number and street) P.O. Box 14362		
(c) City, State, and ZIP Code Saint Paul MN 55114		

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 Smith, Tina, , , <i>[Electronically Filed]</i>	Date 11/30/2020
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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)

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)

2018 Minnesota Senators Victory Committee

(b) Address (number and street)

270 Selby Ave
Ste 215

(c) City, State, and ZIP Code

Saint Paul MN 55102

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

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

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