

Image# 202207159521288789

PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HILBRICH, DAVID, A, Mr,			2. Candidate's FEC Identification Number S4MN00460		
(b) Address (number and street) 37438 PARKVIEW LN			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CROSSLAKE MN 56442			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate		6. State & District of Candidate MN 00	

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) DAVID HILBRICH ELECTION COMMITTEE		
(b) Address (number and street) 37438 PARKVIEW LN		
(c) City, State, and ZIP Code CROSSLAKE MN 56442		

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) JOINT FUND FOR DAVID HILBRICH FOR SENATE		
(b) Address (number and street) 37438 PARKVIEW LN		
(c) City, State, and ZIP Code CROSSLAKE MN 56442		

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 HILBRICH, DAVID, A, Mr, [Electronically Filed]	Date 07/15/2022
---------------------------------------------------------------------------------	--------------------

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

--	--	--	--	--	--	--	--	--