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FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Miskus, Dakotah, , ,		مماد الأحادات	- ahan 1		0.00===================================	-/- FEO I-I	Alfination *	Lunal:	
	(b) Address (number and street) 303 Oberreich St	eck if address	s changed		Candidate's FEC Identification Number H4IN01244					
	(c) City, State, and ZIP Code					3. Is This	Ne			Amended
	Laporte		IN	4635		Stateme	,	OR	Ш	(A)
4.	Party Affiliation	5. Office Sough	t		6. State & Dist		ate			
	LIBERTARIAN	House			IN	01				
	DE	SIGNATION	OF PRI	NCIPAL	CAMPAIGN		TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s).									
	NOTE: This designation should be f	iled with the app	ropriate office	e listed in th	ne instructions.					
	(a) Name of Committee (in full)									
	Miskus For Congres	S								
	(b) Address (number and street)									
	303 Oberreich St									
	(c) City, State, and ZIP Code									
	Laporte				IN	46350				
	DE	SIGNATION	OF OTH	FR AII	THORIZED	COMMITT	TEES			
					g Representativ		LLO			
8.	I hereby authorize the following name	ned committee, w	hich is NOT	my principa	al campaign con	nmittee, to rec	eive and exp	end funds	on beh	alf of my
	candidacy.									
	NOTE THE RESERVE	led with the princ	cipal campaiç	gn committe	ee.					
	NOTE: This designation should be f	ica with the print								
	(a) Name of Committee (in full)									
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_	(a) Name of Committee (in full) (b) Address (number and street)		ment and to t	he best of	my knowledge a	and belief it is t	true, correct i	and compl	lete.	
Si	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		ment and to t	he best of	my knowledge a	and belief it is t	true, correct (and comp	lete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examignature of Candidate		ment and to t	he best of	my knowledge a	Date		and compl	lete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code		ment and to t	he best of	my knowledge a			and comp	lete.	
	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examignature of Candidate		ment and to t	he best of	my knowledge a	Date		and comp	lete.	
M	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examignature of Candidate	mined this State				Date 06/24/202	4			
M	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exalignature of Candidate fiskus, Dakotah, , ,	mined this State				Date 06/24/202	4			
M	(a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have exalignature of Candidate fiskus, Dakotah, , ,	mined this State				Date 06/24/202	4			17g.

FEC FORM 2 (REV. 02/2009)