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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|--|--|--|---------------|-------------|-------------------|---|-----------------|-----------|--------------|--|
| | Sheehy, Tim, , , | | | | | 2 Candidata's EEO L-I- | ntification N | mhor | | |
| | (b) Address (number and street) PO Box 7209 | ☐ Check if address changed | | | | Candidate's FEC Identification Number S0MT00207 | | | | |
| | (c) City, State, and ZIP Code | | | | . 4 | | ew | Amende | ed | |
| | Helena | 5.000 | M' | T 5960 | | Statement X (N | N) OR | (A) | | |
| 4. | Party Affiliation REPUBLICAN PARTY | Office Soug Senate | ht | | 6. State & Dist | rict of Candidate 00 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 (year of election) | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| TIM SHEEHY FOR MONTANA | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO BOX 7209 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | HELENA | | | | MT | 59604 | | | | |
| 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) | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | I certify that I have exa | mined this Stat | ement and to | the best of | my knowledge a | and belief it is true, correct | t and complet | e. | _ | |
| Signature of Candidate | | | | | | Date | | | - | |
| Sheehy, Tim, , , | | | | | | 11/20/2024 | | | | |
| NO | OTE: Submission of false, erroneous, | or incomplete | information r | nay subject | the person signir | ng this Statement to penal | Ities of 2 U.S. | C. §437g. | | |
| | | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)