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FEC FORM 2

STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)									
	Casey, Mike, , ,		f address cl							
	(b) Address (number and street) PO Box 25496		Candidate's FEC Identification Number H4MN04132							
	(c) City, State, and ZIP Code					3. Is This	New			ended
	Woodbury		MN	55125	5	Statemer	nt X (N)	OR	(A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidat	е			
	REPUBLICAN PARTY	House			MN	04				
	DE	SIGNATION O	F PRINC	IPAL	CAMPAIGN	OMMIT	TEE			
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)									
	NOTE: This designation should be f	iled with the appropri	ate office lis	sted in th	e instructions.					
	(a) Name of Committee (in full)									
	Casey for Congress	2024								
	(b) Address (number and street)									
	PO Box 25496									
	(c) City, State, and ZIP Code									
	Woodbury				MN	55125				
	DE	SIGNATION O	C OTUE	D A I I I	HODIZED		EEC			
	DE				Representative		EES			
8.	I hereby authorize the following name	ned committee, which	n is NOT my	principa	ıl campaign con	nmittee, to rece	ive and expe	nd funds	on behalf c	f my
	candidacy.									
	NOTE: This designation should be f	led with the principal	campaign o	committe	ee.					
	(a) Name of Committee (in full)									
	(1) A 11									
	(b) Address (number and street)									
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
		mined this Statemen	t and to the	best of r	ny knowledge a	nd belief it is tru	ue, correct ar	nd comple	ete.	
Si	(c) City, State, and ZIP Code	mined this Statemen	t and to the	best of r	ny knowledge a	nd belief it is tro	ue, correct ar	nd comple	ete.	
	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate	mined this Statemen	t and to the	best of r	ny knowledge a		ue, correct an	nd comple	ete.	
	(c) City, State, and ZIP Code I certify that I have exa	mined this Statemen	t and to the	best of r	ny knowledge a	Date	ue, correct ar	id comple	ete.	
	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate	mined this Statemen	t and to the	best of r	ny knowledge a	Date	ue, correct ar	nd compl	ete.	
C	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate					Date 09/05/2023				
C	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Casey, Mike, , ,					Date 09/05/2023				
C	(c) City, State, and ZIP Code I certify that I have exaugnature of Candidate Casey, Mike, , ,					Date 09/05/2023				

FEC FORM 2 (REV. 02/2009)