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FEC FORM 2

STATEMENT OF CANDIDACY

| | me of Candidate (in full) | | | | | | | | | |
|------------------|--|----------------------|----------------------------|----------------|------------------|------------------|---|--------------|-------------------|--|
| | ARRESI, JANET, , , | | ماد الا ما الم | h | | 0.0 | tolo FEO L | maidi maati | li imala a v | |
| | dress (number and street) O BOX 20147 | □Cne | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number H0OK05254 | | | |
| () | y, State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| | KLAHOMA CITY | | OK | 7315 | | Staten | , | l) OR | (A) | |
| 4. Party | | 5. Office Sought | | | 6. State & Dist | | date | | | |
| REP | JBLICAN PARTY | House | | | OK | 05 | | | | |
| | DE | SIGNATION | OF PRI | NCIPAL | CAMPAIGI | N COMMI | ITTEE | | | |
| 7. I here | by designate the following na | med political comr | nittee as my | Principal (| Campaign Comr | mittee for the | 2020 (year of elec | | on(s). | |
| NOTE | : This designation should be | filed with the appro | opriate office | e listed in th | ne instructions. | | | | | |
| ` , | me of Committee (in full) ANET BARRESI F | OR CONGI | RESS | | | | | | | |
| | dress (number and street) O BOX 20147 | | | | | | | | | |
| (c) Cit | y, State, and ZIP Code | | | | | | | | | |
| (| OKLAHOMA CITY | | | | OK | 73156 | 6 | | | |
| | | | | | | | | | | |
| | DE | SIGNATION | OE OTH | ED ALIZ | TUODIZED. | COMMIT | TEEC | | | |
| | DE | | | _ | g Representativ | | IEES | | | |
| 8. I here candid | by authorize the following nar | ned committee, wl | hich is NOT | my principa | al campaign cor | mmittee, to re | eceive and ex | pend funds | s on behalf of my | |
| NOTE | : This designation should be | filed with the princ | ipal campaiç | gn committe | ee. | | | | | |
| (a) Na | me of Committee (in full) | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| (b) Ad | dress (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| (c) Cit | y, State, and ZIP Code | | | | | | | | | |
| () | , | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | mined this Staten | nent and to t | he best of I | my knowledge a | and belief it is | s true, correct | and comp | lete. | |
| Signatur | e of Candidate | | | | | Date | | | | |
| BARRES | I, JANET, , , | | CCI . | | 10/02/20 | 19 | | | | |
| | | | | [Eleci | ronically Filed] | 10/02/20 | | | | |
| | | | | | | | | | | |
| NOTE: S | ubmission of false, erroneous | , or incomplete inf | ormation ma | ay subject t | ne person signi | ng this Stater | ment to penal | ties of 2 U. | S.C. §437g. | |
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FEC FORM 2 (REV. 02/2009)