

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Carr, Andrea, , ,			2. Candidate's FEC Identification Number H6OR02249		
(b) Address (number and street) PO Box 1256		<input type="checkbox"/> Check if address changed		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Chiloquin		OR	97624		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate OR 02			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

ANDREA CARR FOR CONGRESS

(b) Address (number and street)

PO Box 1256

(c) City, State, and ZIP Code

Chiloquin

OR 97624

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 examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Carr, Andrea, , ,	Date 10/06/2025
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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