FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|---|--|----------------------------|-------------|--------------|-------------------|---|----------------------------|--|
| | Barro, Mary, Helen, , | | | | | | | |
| | (b) Address (number and street) 201A Jefferson Street | ☐ Check if address changed | | | | Candidate's FEC Identification Number H8CA23129 | | |
| | (c) City, State, and ZIP Code | | | | | | ew Amended | |
| | Bakersfield | CA 93305-3505 | | | 5-3505 | Statement (N |) OR (A) | |
| 4. | Party Affiliation | 5. Office Soug | ht | | 6. State & Dist | rict of Candidate | | |
| | DEMOCRATIC PARTY | House | | | CA | 23 | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) election(s). | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| Mary Helen Barro For Representative | | | | | | | | |
| | (b) Address (number and street) 5429 Madison Avenue | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Sacramento | | | | CA | 95841-3111 | | |
| 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 | | | | | | | |
| 8. | I hereby authorize the following name candidacy. | ned committee, | which is NO | T my princip | al campaign con | nmittee, to receive and ex | pend funds on behalf of my | |
| | 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 | | | | | | | | |
| | (b) Oily, Olato, and Zir Codo | | | | | | | |
| | | | | | | | | |
| 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 Date | | | | | | | | |
| Ва | arro, Mary, Helen, , | | | [Elec | tronically Filed] | 02/21/2018 | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | |
| | | | · · | | | | | |
| | | | | | | | | |
| | | | | | | | | |

FEC FORM 2 (REV. 02/2009)