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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|---|--|---|-------------|---|---------------------------|--------------|--------|---------|--|--|
| | . , , , , , , , , , , , , , , , , , , , | don, Sheldon (Shelli), Elizabeth, Dr, Ph.D | | | | | | | | | |
| | (b) Address (number and street) 1050 E 2nd St 289 | | Check if addre | | Candidate's FEC Identification Number H0OK05288 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | New | | Amended | | |
| | Edmond | | Oł | 7303 | 4 | Statement | K (N) | OR | (A) | | |
| 4. | Party Affiliation | 5. Office Souç | ght | | 6. State & Dist | rict of Candidate | | | | | |
| | REPUBLICAN PARTY | House | | | OK | 05 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | I hereby designate the following nar | med political co | ffice Sought House 6. State & District of Candidate OK 05 INATION OF PRINCIPAL CAMPAIGN COMMITTEE political committee as my Principal Campaign Committee for the 2020 (year of election) with the appropriate office listed in the instructions. Gress OK 73034 INATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Shelli Landon For Congress | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | 1050 E 2nd St 289 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Edmond | | | | OK | 73034 | | | | | |
| | Editiona | | | | | | | | | | |
| 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. | | • | ,, , | , 3 | , | · | | • | | |
| 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 Sta | tement and to | the best of | my knowledge a | and belief it is true, co | orrect and | comple | te. | | |
| Si | gnature of Candidate | | | | | Date | | | | | |
| Lo | andon, Sheldon (Shelli), Elizabeth, Dr. | , Ph.D | | [Elec | tronically Filed] | 03/18/2020 | | | | | |
| N | 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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FEC FORM 2 (REV. 02/2009)

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Form/Schedule: F2N Transaction ID:

I am the Chairwoman of my campaign committee: Shelli Landon For Congress ID#C00742403. Barry Landon is my assistant Campaign Manager. There was also another committee EIN that we only used for a month and have retired. It was not registered and was replaced by the current committee EIN, as its name was too long for Donors to remember in the banking set up for Donorbox.net. It was Shelli Landon Committee to Elect Congress D5. We will fill the proper IRS reports on it and its tax year is the same as our current committee; Shelli Landon For Congress, Jan to Dec 2020.

Form/Schedule: Transaction ID: