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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. |   |                        |                 |             |                 |   |                 |            |         |                    |
|----|---|------------------------|-----------------|-------------|-----------------|---|-----------------|------------|---------|--------------------|
|    | (a) Name of Candidate (in full)   |                        |                 |             |                 |   |                 |            |         |                    |
|    | Cooke, Rebecca, , ,  (b) Address (number and street)  | □ Ob 1                 | if address -    | honasa      |                 | 2 Candidat-   | o EEC 144:4:    | nation NI. | mher    |                    |
|    | P.O. Box 1846   | ir address c           | address changed |             |                 | Candidate's FEC Identification Number     H4WI03169 |                 |            |         |                    |
|    | (c) City, State, and ZIP Code   |                        |                 |             |                 | 3. Is This  | New             |            |         | Amended            |
|    | Eau Claire  |                        | WI              | 54702       |                 | Statemer  | ( )             | OR         | ×       | (A)                |
| 4. | Party Affiliation   | 5. Office Sought       |                 |             | 6. State & Dist |   | е               |            |         |                    |
|    | DEMOCRATIC PARTY  | House                  |                 |             | WI              | 03  |                 |            |         |                    |
|    | DE  | SIGNATION (            | F PRINC         | CIPAL       | CAMPAIGN        | OMMIT.  | TEE             |            |         |                    |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                        |                 |             |                 |   |                 |            |         |                    |
|    | NOTE: This designation should be f  | iled with the approp   | riate office li | sted in th  | e instructions. |   |                 |            |         |                    |
|    | (a) Name of Committee (in full)   |                        |                 |             |                 |   |                 |            |         |                    |
|    | Cooke for Congress  |                        |                 |             |                 |   |                 |            |         |                    |
|    | (b) Address (number and street)   |                        |                 |             |                 |   |                 |            |         |                    |
|    | P.O. Box 1846   |                        |                 |             |                 |   |                 |            |         |                    |
|    | (c) City, State, and ZIP Code   |                        |                 |             |                 |   |                 |            |         |                    |
|    | Eau Claire  |                        |                 |             | WI              | 54702   |                 |            |         |                    |
|    |   |                        |                 |             |                 |   |                 |            |         |                    |
|    | DE  | SIGNATION C            | F OTHE          | R AIIT      | HORIZED         | COMMITT   | FFS             |            |         |                    |
|    |   |                        |                 |             | Representativ   |   |                 |            |         |                    |
| Ω  | I hereby authorize the following nan  | and committee, which   | h is NOT m      | , principa  | ıl campaign con | omittee to rece                                     | ive and expen   | d funds o  | n hohr  | olf of my          |
| 0. | candidacy.  | ied committee, write   | 7113 NOT 1115   | , billioibe | ii campaign con | minutes, to rece                                    | ive and expen   | a failas c | ni bene | iii Oi iiiy        |
|    | NOTE: This designation should be f  | iled with the principa | al campaign     | committe    | ee.             |   |                 |            |         |                    |
| _  | (a) Name of Committee (in full)   |                        |                 |             |                 |   |                 |            |         |                    |
|    | ,   |                        |                 |             |                 |   |                 |            |         |                    |
|    |   |                        |                 |             |                 |   |                 |            |         |                    |
|    |   |                        |                 |             |                 |   |                 |            |         |                    |
|    | (b) Address (number and street)   |                        |                 |             |                 |   |                 |            |         |                    |
|    | (b) Address (number and street)   |                        |                 |             |                 |   |                 |            |         |                    |
|    |   |                        |                 |             |                 |   |                 |            |         |                    |
|    | (b) Address (number and street) (c) City, State, and ZIP Code   |                        |                 |             |                 |   |                 |            |         |                    |
|    |   |                        |                 |             |                 |   |                 |            |         |                    |
|    | (c) City, State, and ZIP Code   | mined this Stateme     | nt and to the   | hest of r   | mv knowledge a  | nd helief it is tr                                  | ue correct an   | d complet  | 'e      |                    |
| _  | (c) City, State, and ZIP Code  I certify that I have example 1.   | mined this Stateme     | nt and to the   | best of r   | ny knowledge a  |   | ue, correct and | d complet  | ė.      |                    |
| Si | (c) City, State, and ZIP Code   | mined this Stateme     | nt and to the   | best of r   | ny knowledge a  | nd belief it is tri                                 | ue, correct and | d complet  | e.      |                    |
|    | (c) City, State, and ZIP Code  I certify that I have example 1.   | mined this Stateme     | nt and to the   | best of r   | ny knowledge a  |   |                 | d complet  | 'e.     |                    |
|    | (c) City, State, and ZIP Code  I certify that I have example of Candidate   | mined this Stateme     | nt and to the   | best of r   | ny knowledge a  | Date  |                 | d complet  | ře.     |                    |
| C  | (c) City, State, and ZIP Code  I certify that I have example of Candidate   |                        |                 |             |                 | Date<br>03/11/2025                                  |                 |            |         | -<br>-<br>-<br>7g. |
| C  | (c) City, State, and ZIP Code  I certify that I have exaugnature of Candidate  Tooke, Rebecca, , ,                            |                        |                 |             |                 | Date<br>03/11/2025                                  |                 |            |         | 7g.                |
| C  | (c) City, State, and ZIP Code  I certify that I have exaugnature of Candidate  Tooke, Rebecca, , ,                            |                        |                 |             |                 | Date<br>03/11/2025                                  |                 |            |         | 7g.                |

FEC FORM 2 (REV. 02/2009)