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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name											
	e of Candidate (in full)										
	our, Joanna, , ,					100 ":		ee ·			
	) Address (number and street)					Candidate's FEC Identification Number     H4OR03218					
(c) City, S	State, and ZIP Code					3. Is This	\ \ /	New		Amended	
	cada		OR	97023	1	Statem	ent X	(N) <b>C</b>	DR	(A)	
4. Party Affi		5. Office Sought			6. State & Dist		ate				
REPUB	LICAN PARTY	House			OR	03					
	DE	SIGNATION C	F PRINC	IPAL (	CAMPAIGN	I COMMI	TTEE				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)											
NOTE: T	his designation should be	filed with the approp	riate office lis	ted in the	e instructions.						
(a) Name	e of Committee (in full)										
Joa	anna Harbour for	Congress									
(b) Addre	ess (number and street)										
PO	Box 512										
(c) City, S	State, and ZIP Code										
Inde	ependence				OR	97351					
	DE	CICNIATION C	C OTHER		HODIZED	COMMIT	TEEC				
	DE	SIGNATION C	_	_	Representative		IEE5				
8 I hereby	authorize the following nar	ned committee which	h is NOT my	nrincinal	I campaign com	nmittee to re	reive and e	expend fi	ınds on h	ehalf of my	
candidac	-	ned committee, write	in io ivo i iniy	principal	i oampaign oon	minico, to re-	ocive and c	жропа п	indo on k	oriali or my	
	•										
NOTE: T	his designation should be	filed with the principa	al campaign c	ommitte	e.						
(a) Name	e of Committee (in full)									-	
(b) Addre	ess (number and street)										
(b) Addre	ess (number and street)										
	ess (number and street) State, and ZIP Code										
	State, and ZIP Code	anima di this Chatago				nd balist is in			venulate.		
(c) City, S	State, and ZIP Code  I certify that I have exa	nmined this Stateme.	nt and to the I	best of m	ny knowledge a	nd belief it is	true, correc	ct and cc	omplete.		
(c) City, S	State, and ZIP Code	nmined this Stateme	nt and to the i	best of m	ny knowledge a	nd belief it is	true, correc	ct and cc	omplete.		
(c) City, S	State, and ZIP Code  I certify that I have exact of Candidate	nmined this Stateme.	nt and to the i	best of m	ny knowledge a			ct and cc	omplete.		
(c) City, S	State, and ZIP Code  I certify that I have exact of Candidate	nmined this Stateme.	nt and to the I	best of n	ny knowledge a	Date		ct and cc	mplete.		
(c) City, S	State, and ZIP Code  I certify that I have exact of Candidate	nmined this Stateme.	nt and to the I	best of m	ny knowledge a	Date		ct and cc	omplete.		
(c) City, S Signature of	State, and ZIP Code  I certify that I have exact of Candidate					<b>Date</b> 01/30/202	24			§437g.	
(c) City, S Signature of	State, and ZIP Code  I certify that I have exact of Candidate vanna, , ,					<b>Date</b> 01/30/202	24			§437g.	
(c) City, S Signature of	State, and ZIP Code  I certify that I have exact of Candidate vanna, , ,					<b>Date</b> 01/30/202	24			§437g.	

FEC FORM 2 (REV. 02/2009)