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## FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a)										
	Name of Candidate (in full)									
/I. \	Cooke, Rebecca, , ,		alı if a al-l			0.0	tolo FEO Li	malification 1	li inala a s	
(D)	Address (number and street) P.O. Box 1846	☐ Check if address changed				Candidate's FEC Identification Number     H2WI03130				
(c)	City, State, and ZIP Code					3. Is This		ew	Amend	ed
	Eau Claire		WI	54702	2	Statem	nent X (N	N) OR	(A)	
	rty Affiliation	5. Office Sought			6. State & Dist		late			
DI	EMOCRATIC PARTY	House			WI	03				
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN		TTEE			
7. I h	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
NC	<b>DTE:</b> This designation should be	filed with the appro	opriate office I	isted in th	e instructions.					
(a)	Name of Committee (in full)									
	Cooke for Congress	5								
(b)	Address (number and street) P.O. Box 1846									
(c)	City, State, and ZIP Code									
	Eau Claire				WI	54702				
8. I h	DE ereby authorize the following nar	•	luding Joint F	undraisin	Representativ	res)		pend funds	s on behalf of m	у
cai	ndidacy.									
	ndidacy.  TE: This designation should be	filed with the princi	pal campaign	committe	e.					
NC	TE: This designation should be	iled with the princi	pal campaign	committe	e.					
NC	•	iled with the princi	pal campaign	committe	e.					
NC	TE: This designation should be	iled with the princi	pal campaign	committe	e.					
(a)	TE: This designation should be	iled with the princi	pal campaign	committe	e.					
(a)	OTE: This designation should be Name of Committee (in full)	iled with the princi	pal campaign	committe	e.					
(a)	Name of Committee (in full)  Address (number and street)	iled with the princi	pal campaign	committe	e.					
(a)	OTE: This designation should be Name of Committee (in full)	iled with the princi	pal campaign	committe	е.					
(a)	Name of Committee (in full)  Address (number and street)	iled with the princi	pal campaign	committe	е.					
(a)	Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code									
(a)	Name of Committee (in full)  Address (number and street)					and belief it is	true, correct	and comp	lete.	
(a) (b) (c)	Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code					and belief it is	true, correct	and comp	lete.	
(a) (b) (c)	PATE: This designation should be Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code			e best of r	ny knowledge a	Date		and comp	lete.	
(a) (b) (c)	DTE: This designation should be Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code  I certify that I have example the state of Candidate			e best of r				and comp	lete.	
(a) (b) (c)	DTE: This designation should be Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code  I certify that I have example the state of Candidate			e best of r	ny knowledge a	Date		and comp	lete.	
(a) (b) (c) Signa	DTE: This designation should be Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code  I certify that I have example the state of Candidate	nmined this Statem	nent and to the	e best of r	ny knowledge a ronically Filed]	<b>Date</b> 10/13/202	21			
(a) (b) (c) Signa	PATE: This designation should be a Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code  I certify that I have example of Candidate  e, Rebecca, , ,	nmined this Statem	nent and to the	e best of r	ny knowledge a ronically Filed]	<b>Date</b> 10/13/202	21			
(a) (b) (c) Signa	PATE: This designation should be a Name of Committee (in full)  Address (number and street)  City, State, and ZIP Code  I certify that I have example of Candidate  e, Rebecca, , ,	nmined this Statem	nent and to the	e best of r	ny knowledge a ronically Filed]	<b>Date</b> 10/13/202	21			

FEC FORM 2 (REV. 02/2009)