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## FEC FORM 2

## STATEMENT OF CANDIDACY

_						
1.	(a) Name of Candidate (in full)					
_	Clark, Janis, Meneatrice, Dr.,					
	(b) Address (number and street) 1201 S 336th Street N301	<b>≰</b> Check i	f address ch	nanged		Candidate's FEC Identification Number     H4WA06141
	(c) City, State, and ZIP Code					3. Is This New Amended
	Federal Way		WA	98003	3	Statement (N) OR (A)
4.	Party Affiliation	5. Office Sought			6. State & Distr	rict of Candidate
	REPUBLICAN PARTY	House			WA	09
	DE	SIGNATION O	F PRINC	IPAL	CAMPAIGN	N COMMITTEE
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 appropri	ate office lis	ted in th	e instructions.	
	(a) Name of Committee (in full)					
	CLARK4CONGRES	S24				
	(b) Address (number and street)					
	1201 S 336TH STREET					
	(c) City, State, and ZIP Code					
	FEDERAL WAY				WA	98003
	DE		_	_	HORIZED g Representative	COMMITTEES es)
8.	I hereby authorize the following name candidacy.	ned committee, which	n is NOT my	principa	ıl campaign com	nmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be fi	led with the principal	campaign o	committe	ee.	
_	(a) Name of Committee (in full)					
	Friends of Janis					
	(b) Address (number and street)					
	1400 S 348th Street					
	(c) City, State, and ZIP Code					
	Federal Way				WA	98003
	Federal Way				WA	98003
	•	mined this Statemen	t and to the	best of r		98003  nd belief it is true, correct and complete.
Si	•	mined this Statemen	t and to the	best of r		
	I certify that I have exa	mined this Statemen	t and to the	best of r		nd belief it is true, correct and complete.
<i>C</i>	I certify that I have exa. gnature of Candidate llark, Janis, Meneatrice, Dr.,				ny knowledge a	nd belief it is true, correct and complete.  Date
<i>C</i>	I certify that I have exa. gnature of Candidate llark, Janis, Meneatrice, Dr.,				ny knowledge a	nd belief it is true, correct and complete.  Date 01/07/2025
<i>C</i>	I certify that I have exa. gnature of Candidate llark, Janis, Meneatrice, Dr.,				ny knowledge a	nd belief it is true, correct and complete.  Date 01/07/2025

FEC FORM 2 (REV. 02/2009)