

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) PERKINS, JO RAE, , ,			2. Candidate's FEC Identification Number S4OR00156	
(b) Address (number and street) 1033 MAPLE ST SW		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code ALBANY		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate OR 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) JO RAE PERKINS FOR US SENATE		
(b) Address (number and street) 1033 MAPLE ST SW		
(c) City, State, and ZIP Code ALBANY OR 97321		

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.

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 examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <i>Perkins, Jo Rae, , ,</i>	Date 01/22/2020
<i>[Electronically Filed]</i>	

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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