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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ADAIR, PATTI, , ,		
(b) Address (number and street) P.O. BOX 54		☐ Check if address changed
(c) City, State, and ZIP Code WEST LINN		OR 97068
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate OR 05		2. Candidate's FEC Identification Number H6OR05242
3. Is This Statement		☒ New (N) OR ☐ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) PATTI ADAIR FOR CONGRESS		
(b) Address (number and street) P.O. BOX 54		
(c) City, State, and ZIP Code WEST LINN		
OR 97068		

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 ADAIR, PATTI, , ,	Date 11/18/2025
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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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