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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cooper, Terri, Kay, ,		
(b) Address (number and street) Box 815		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Medical Lake WA 99022		2. Candidate's FEC Identification Number H4WA05259
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate WA 05		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Cooper for Congress		
(b) Address (number and street) 13514 W Sunset Hwy #B 515		
(c) City, State, and ZIP Code Airway Heights WA 99001		

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 Cooper, Terri, Kay, ,	Date 02/29/2024
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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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