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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | |
|-----|--|----------------------------|----------------|------------|------------------|---|--|--|
| | Peltola, Mary, , , | | | | | | | |
| | (b) Address (number and street) 810 N Street Suite 301 | ★ Check if address changed | | | | Candidate's FEC Identification Number H2AK01158 | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This New Amended | | |
| | Anchorage | | AK | 9950 | 1 | Statement (N) OR (A) | | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Distr | ict of Candidate | | |
| | DEMOCRATIC PARTY | House | | | AK | 00 | | |
| | DE | SIGNATION OF | PRINC | IPAL | CAMPAIGN | COMMITTEE | | |
| 7. | I hereby designate the following nar | med political committe | e as my Pr | incipal (| Campaign Comm | whittee for the $\frac{2024}{\text{(year of election)}}$ election(s). | | |
| | NOTE: This designation should be f | iled with the appropria | ite office lis | sted in th | ne instructions. | | | |
| | (a) Name of Committee (in full) | · | | | | | | |
| | Mary Peltola for Ala | ska | | | | | | |
| | (b) Address (number and street) | | | | | | | |
| | 810 N Street | | | | | | | |
| | Suite 301 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Anchorage | | | | AK | 99501 | | |
| | | · | ng Joint Fu | ndraisin | g Representative | es) | | |
| | I hereby authorize the following nam candidacy. | ned committee, which | is NOT my | principa | al campaign com | mittee, to receive and expend funds on behalf of my | | |
| | NOTE: This designation should be f | iled with the principal | campaign o | committe | ee. | | | |
| | (a) Name of Committee (in full) | | | | | | | |
| | Peltola Victory Fund | k | | | | | | |
| | (b) Address (number and street) 810 N Street | | | | | | | |
| | Suite 301 | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | |
| | Anchorage | | | | AK | 99501 | | |
| | Allehorage | | | | AIX | 33301 | | |
| | I certify that I have exa | mined this Statement | and to the | best of i | my knowledge ar | nd belief it is true, correct and complete. | | |
| | | | | | | | | |
| Sic | gnature of Candidate | | | | | Date | | |
| | gnature of Candidate | | | | | Date . | | |
| | gnature of Candidate Itola, Mary, , , | | | [Elect | ronically Filed] | Date | | |
| Pe | ltola, Mary, , , | , or incomplete informa | ation may s | | | | | |
| Pe | ltola, Mary, , , | , or incomplete informa | ation may s | | | 03/28/2023 | | |
| Pe | ltola, Mary, , , | , or incomplete informa | ation may s | | | 03/28/2023 | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | ² of | 2 | |
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| rade | OI | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

| 3. | 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) | | | | | | | | |
| | House Victory Project 2022 | | | | | | | | |
| | (b) Address (number and street) 600 Pennsylvania Ave SE #15180 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Washington DC 20003 | | | | | | | | |
| 3. | 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) | | | | | | | | |
| | Representation Matters: Hold the House | | | | | | | | |
| | (b) Address (number and street) 910 17TH ST NW STE 925 | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Washington DC 20006 | | | | | | | | |
| 3. | 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 | | | | | | | | |
| 3. | 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 | | | | | | | | |