## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full)   |                                |                 |                  |                      |   |                 |                 |         |  |
|--|--------------------------------|-----------------|------------------|----------------------|---|-----------------|-----------------|---------|--|
| Perkins, Jo Rae, , ,   |                                |                 |                  |                      |   |                 |                 |         |  |
| (b) Address (number and street) □ Check if address changed<br>1033 Maple St SW   |                                |                 |                  |                      | 2. Candidate's FEC Identification Number<br>H6OR04203 |                 |                 |         |  |
| (c) City, State, and ZIP Code  |                                |                 |                  |                      | s Ne  | w               | Amend           | ed      |  |
| Albany   | 1                              | Statem          | nent (N)         | OR                   | <b>×</b> (A)  |                 |                 |         |  |
| 4. Party Affiliation   | 5. Office Sought               |                 | 6. State & Distr | rict of Candic       | late  |                 |                 |         |  |
| REPUBLICAN PARTY   | House                          |                 | OR               | 04                   |   |                 |                 |         |  |
| DE   | SIGNATION OF PR                | INCIPAL         | CAMPAIGN         |                      | TTEE  |                 |                 |         |  |
| 7. I hereby designate the following name   | ned political committee as m   | y Principal (   | Campaign Comn    | nittee for the       | 2020<br>(year of elect                                | electic<br>ion) | n(s).           |         |  |
| NOTE: This designation should be f   | led with the appropriate offic | ce listed in th | ne instructions. |                      |   |                 |                 |         |  |
| (a) Name of Committee (in full)  |                                | -00             |                  |                      |   |                 |                 |         |  |
| JO RAE PERKINS F   | OR US CONGRE                   | :22             |                  |                      |   |                 |                 |         |  |
| (b) Address (number and street)<br>1033 MAPLE ST SW  |                                |                 |                  |                      |   |                 |                 |         |  |
| (c) City, State, and ZIP Code  |                                |                 |                  |                      |   |                 |                 |         |  |
| ALBANY   |                                |                 | OR               | 97321                |   |                 |                 |         |  |
|  |                                |                 |                  |                      |   |                 |                 |         |  |
| <ul> <li>8. I hereby authorize the following name candidacy.</li> <li>NOTE: This designation should be find the following name of Committee (in full)</li> </ul> | ed committee, which is NO      | Г my principa   |                  |                      | ceive and exp   | end funds       | on behalf of m  | У       |  |
| (b) Address (number and street)  |                                |                 |                  |                      |   |                 |                 |         |  |
| (c) City, State, and ZIP Code  |                                |                 |                  |                      |   |                 |                 |         |  |
| I certify that I have exa  | mined this Statement and to    | the best of     | my knowledge a   | nd belief it is      | true, correct a                                       | and comple      | te.             | —       |  |
| Signature of Candidate   |                                |                 |                  | Date                 |   |                 |                 |         |  |
| Perkins, Jo Rae, , , [Electronically   |                                |                 |                  | <i>d]</i> 04/02/2019 |   |                 |                 |         |  |
| NOTE: Submission of false, erroneous,  | or incomplete information n    | nay subject t   | he person signin | ng this Stater       | nent to penalti                                       | es of 2 U.S     | .C. §437g.      |         |  |
|  |                                |                 |                  |                      |   |                 |                 |         |  |
|  |                                |                 |                  |                      |   | FEC             | FORM 2 (REV. 02 | 2/2009) |  |

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F2A Transaction ID :

My campaign committee is currently under Perkins for Oregon. I just filed a committee name change to Jo Rae Perkins for US Congress.

Form/Schedule: Transaction ID: