Image# 202504099755201636 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

| _ | | | | | | | | | | | |
|---|---|--------------------------|----|------------|----------------|-----------------|---|---------|---|-----|--|
| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
| | Baker, Ms Tj, , , (b) Address (number and street) | | | | | | Candidate's FEC Identification Number H6TX18307 | | | | |
| | (c) City, State, and ZIP Code | | | 3. Is This | | ew | _ | Amended | | | |
| | Houston TX | | | | 5 | Staten | ~ | | Ш | (A) | |
| 4. | Party Affiliation DEMOCRATIC PARTY | 5. Office Sough House | nt | | 6. State & Dis | trict of Candid | date | | | | |
| | | | | | | | | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2025 (year of election(s). | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| | Tj Baker 4 Congress - District 18 | | | | | | | | | | |
| (b) Address (number and street) | | | | | | | | | | | |
| | 3139 West Holcombe Blvd Unit # 29 | | | | | | | | | | |
| | Unit 292 (c) City, State, and ZIP Code | | | | | | | | | | |
| | Houston | | | | TX | 77025 | 5 | | | | |
| | | | | | | | | | | | |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES | | | | | | | | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | | |
| 8. | 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 | | | | | | Date | | | | | |
| Baker, Ms Tj, , , | | | | | | | 04/09/2025 | | | | |
| <u> </u> | | | | | | | | | | | |
| 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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FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F2N Transaction ID:

Tj Baker 4 Congress - District 19 Democrat Candidate

Form/Schedule: F2N Transaction ID:

2025 Special Election.