FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 3

| 1. | (a) Name of Candidate (in full) LAKE, KARI, , , | | | | | | | | | |
|------------------------|--|----------------------------|---------------|---|-----------------------|--------------------------|----------------------|-----------|--------|---------|
| | (b) Address (number and street) PO BOX 34341 | □ Check if address changed | | 2. Candidate's FEC Identification Number S4AZ00220 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | New | | ~ ~ ~ | Amended |
| | PHOENIX | | Až | <u>z</u> 850 | | Statement | (N) | OR | × | (A) |
| 4. | Party Affiliation REPUBLICAN PARTY | 5. Office Sough Senate | t | | 6. State & Dist AZ | trict of Candidate 00 | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | |
| 7. | I hereby designate the following nar | ned political corr | nmittee as n | ny Principa | l Campaign Comi | | 024 r of electior | _ electio | on(s). | |
| | NOTE: This designation should be | iled with the app | ropriate offi | ce listed in | the instructions. | | | - | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | KARI LAKE FOR SE | INATE | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO BOX 34341 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | PHOENIX | | | | AZ | 85067 | | | | |
| 8. | 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) | | | | | | | | | |
| | KARI LAKE VICTORY FUND | | | | | | | | | |
| | (b) Address (number and street) PO BOX 34341 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | PHOENIX | | | | AZ | 85067 | | | | |
| · | I certify that I have exa | mined this State | ment and to | the best o | of my knowledge a | and belief it is true, | correct and | l comple | ete. | |
| Signature of Candidate | | | | Date . | | | | | | |
| L | LAKE, KARI, , , | | | 04/15/2024 | | | | | | |
| N | NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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) | | | |
|---------------------------------|----|-------|--|
| ARIZONA FREEDOM JFC | | | |
| (b) Address (number and street) | | | |
| C/O RED CURVE SOLUTIONS | | | |
| 138 CONANT ST, STE 401 | | | |
| (c) City, State, and ZIP Code | | | |
| BEVERLY | MA | 01915 | |
| | | | |

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) CORNYN VICTORY COMMITTEE | | |
|---|----|-------|
| (b) Address (number and street) PO BOX 13026 | | |
| (c) City, State, and ZIP Code AUSTIN | ТХ | 78711 |

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) | | | | | | |
|---|----|-------|--|--|--|--|
| 2024 REPUBLICAN SENATE VICTORY | | | | | | |
| (b) Address (number and street) 228 S. WASHINGTON STREET | | | | | | |
| SUITE 115 (c) City, State, and ZIP Code | | | | | | |
| ALEXANDRIA | VA | 22314 | | | | |

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)

RECLAIM THE MAJORITY

(b) Address (number and street) 421 OFFICE PARK DR

(c) City, State, and ZIP Code MOUNTAIN BROOK

35223

AL

Image# 202404159632756652

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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| (a) Name of Committee (in full) | | | |
|---------------------------------|----|-------|--|
| 2024 SENATORS CLASSIC COMMITTEE | | | |
| (b) Address (number and street) | | | |
| 228 S. WASHINGTON STREET | | | |
| SUITE 115 | | | |
| (c) City, State, and ZIP Code | | | |
| ALEXANDRIA | VA | 22314 | |
| | | | |

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(c) City, State, and ZIP Code

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code