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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|---|---------------------------------------|--|--------|-------------------|-------------------|---|----|--|--------------|--|
| | Broyles, Abby, , , | | | | | | | | | | |
| | (b) Address (number and street) P.O. Box 12716 | | | | | | Candidate's FEC Identification Number S0OK00370 | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | Ne | | | Amended | |
| | Oklahoma City | · · · · · · · · · · · · · · · · · · · | | | | Statemer | nt 🗶 (N) | OR | | (A) | |
| 4. | Party Affiliation | 5. Office Sought | | | 1 | trict of Candidat | te | | | | |
| | DEMOCRATIC PARTY | Senate | | | OK | 00 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) ABBY BROYLES FOR U.S. SENATE | | | | | | | | | | | |
| | (b) Address (number and street) P.O. BOX 12716 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | OKLAHOMA CITY | | | | OK | 73157 | | | | | |
| | | | | | | | | | | | |
| 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) | | | | | | | | | | |
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| (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. | | | | | | | | | | | |
| Si | gnature of Candidate | | | | | Date | | | | . | |
| Broyles, Abby, , , | | | | [Elect | tronically Filed] | 11/05/2019 | | | | | |
| 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)