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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Barr, Callie, , ,		
(b) Address (number and street) 93 Wooded Valley Drive		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Traverse City MI 49696		2. Candidate's FEC Identification Number H4MI01155
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate MI 01		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) CALLIE BARR FOR CONGRESS		
(b) Address (number and street) P.O. BOX 6921		
(c) City, State, and ZIP Code TRAVERSE CITY MI 49696		

### 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)		
(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 Barr, Callie, , ,	Date 07/08/2025
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**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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