

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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|                                                               |                                             |                                                                                                          |
|---------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>BLAKE CUMMINGS</b>   |                                             |                                                                                                          |
| (b) Address (number and street)<br><b>PO BOX 888</b>          |                                             | 2. Identification Number                                                                                 |
| (c) City, State, and ZIP Code<br><b>PAULS VALLEY OK 73075</b> |                                             | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>DEMOCRAT</b>                       | 5. Office Sought<br><b>US HOUSE OF REP.</b> | 6. State & District of Candidate<br><b>OK 4</b>                                                          |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2008** 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)<br><b>BLAKE CUMMINGS FOR CONGRESS</b> |  |
| (b) Address (number and street)<br><b>PO BOX 888</b>                  |  |
| (c) City, State, and ZIP Code<br><b>PAULS VALLEY OK 73075</b>         |  |

**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   |  |

**DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)**

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

|    |                                   |                               |
|----|-----------------------------------|-------------------------------|
| 9A | <input type="text" value="0.00"/> | for the primary election, and |
| 9B | <input type="text" value="0.00"/> | for the general election.     |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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<br> | Date<br><b>7/20/2008</b> |
|---------------------------------------------------------------------------------------------------------------|--------------------------|

**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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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt               |
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| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>                |                               |
| <input type="checkbox"/> USPS Express Mail                                                      | Postmarked                    |
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| <input type="checkbox"/> No Postmark                                                            |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                                             |                               |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt               |
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| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked |
| <br>PREPARER | 7/28/05<br>DATE PREPARED      |

(3/2005)

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