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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.  | (a) Name of Candidate (in full)   |                            |         |      |                 |  |         |  |
|---|---|----------------------------|---------|------|-----------------|--|---------|--|
|   | Green, Jennifer-Ruth, , ,  (b) Address (number and street)  | € Check if address changed |         |      |                 | 2. Candidate's FEC Identification Number |         |  |
|   | PO Box 44076  | _ oneok ii address shanged |         |      |                 | H2IN01172                                |         |  |
|   | (c) City, State, and ZIP Code   |                            |         |      |                 |  | Amended |  |
| _   | Indianapolis  | - 0" 0                     | IN      | 4624 |                 | (1)                                      | (A)     |  |
| 4.  | Party Affiliation REPUBLICAN PARTY  | 5. Office Soug<br>House    | ht      |      | 6. State & Dist | rict of Candidate<br>01                  |         |  |
|   |   |                            |         |      |                 |  |         |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |   |                            |         |      |                 |  |         |  |
| 7.  | . I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) |                            |         |      |                 |  |         |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                  |                            |         |      |                 |  |         |  |
| (a) Name of Committee (in full)   |   |                            |         |      |                 |  |         |  |
| THE COMMITTEE TO ELECT JENNIFER-RUTH GREEN  |   |                            |         |      |                 |  |         |  |
|   | (b) Address (number and street)   |                            |         |      |                 |  |         |  |
|   | PO BOX 44076  |                            |         |      |                 |  |         |  |
|   | (c) City, State, and ZIP Code   |                            |         |      |                 |  |         |  |
|   | INDIANAPOLIS  |                            |         |      | IN              | 46244                                    |         |  |
|   |   |                            |         |      |                 |  |         |  |
|   | DE  | SIGNATIO                   | N OF OT |      | TUODIZED        | 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)   |   |                            |         |      |                 |  |         |  |
| THE JENNIFER-RUTH GREEN VICTORY FUND  |   |                            |         |      |                 |  |         |  |
| (b) Address (number and street)   |   |                            |         |      |                 |  |         |  |
|   | PO BOX 44076  |                            |         |      |                 |  |         |  |
|   | (c) City, State, and ZIP Code   |                            |         |      |                 |  |         |  |
|   | INDIANAPOLIS  |                            |         |      | IN              | 46244                                    |         |  |
| _   |   |                            |         |      |                 |  |         |  |
| 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            |  |         |  |
| Green, Jennifer-Ruth, , ,   |   |                            |         |      | 10/30/2025      |  |         |  |
|   |   |                            |         |      |                 |  |         |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |   |                            |         |      |                 |  |         |  |
|   |   |                            |         |      |                 |  |         |  |
|   |   |                            |         |      |                 |  |         |  |
| _   |   | 1                          |         |      |                 |  |         |  |

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