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Image# 201906259150349900

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	INHOFE, JAMES, M., SEN., (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number					
	2139 E 32ND STREET		nook ii adare	oo onang		S4OK00083	idonimodilon 14	amboi			
	(c) City, State, and ZIP Code					3. Is This	New		mended		
	TULSA	- 0///	Ol	K 74	105	Statement X	(N) OR	(A	N)		
4.	Party Affiliation REPUBLICAN PARTY	<ol><li>Office Soug Senate</li></ol>	•		6. State & Dist	trict of Candidate 00					
	REPUBLICAN PARTY	Seriale			OK						
	DE	SIGNATIO	N OF PR	INCIPA	L CAMPAIGI	N COMMITTEE					
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)											
	NOTE: This designation should be f	led with the ap	propriate off	ice listed i	the instructions.						
(a) Name of Committee (in full) FRIENDS OF JIM INHOFE											
	(b) Address (number and street) PO BOX 13300										
	(c) City, State, and ZIP Code										
	OKLAHOMA CITY				OK	73113					
	DF	SIGNATIO	N OF OT	ΉFR Δ	JTHORIZED	COMMITTEES					
					sing Representativ						
8.	I hereby authorize the following name candidacy.	ed committee,	which is NO	T my prind	ipal campaign cor	mmittee, to receive and	expend funds	on behalf	of my		
	NOTE: This designation should be f	led with the pri	ncipal campa	aign comn	ittee.						
	(a) Name of Committee (in full)								-		
	2019 SENATORS C	CLASSIC	COMMI	TTEE							
	(b) Address (number and street)										
	228 S. WASHINGTON STREE	T									
	SUITE 115										
	(c) City, State, and ZIP Code				.,,						
	ALEXANDRIA				VA	22314					
	I certify that I have exa	mined this Stat	tement and to	o the best	of my knowledge a	and belief it is true, corr	ect and comple	ete.	'		
Si	gnature of Candidate					Date					
	NHOFE, JAMES, M., SEN.,			[E	ectronically Filed]	06/25/2019					
				[E	есновисину Е неа ј						
N	OTE: Submission of false, erroneous,	or incomplete	information r	may subje	t the person signi	ng this Statement to pe	nalties of 2 U.S	S.C. §437(	g.		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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## **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)  INHOFE VICTORY COMMITTEE 2020								
	(b) Address (number and street) 901 N WASHINGTON ST SUITE 700								
	(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. <b>NOTE</b> : 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								
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								
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. <b>NOTE</b> : 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								