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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) BICE, STEPHANIE, , ,											
	(b) Address (number and street) PO BOX 21315	☐ Check if address changed				Candidate's FEC Identification Number H0OK05205						
	(c) City, State, and ZIP Code OKLAHOMA CITY	OK 73156			3. Is This	ent (N)		X (A)				
4.	Party Affiliation	5. Office Sou				trict of Candida						
	REPUBLICAN PARTY	House			OK	05						
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	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 ap	opropriate offi	ce listed in th	ne instructions.							
	(a) Name of Committee (in full)											
BICE FOR CONGRESS												
	(b) Address (number and street)											
	PO BOX 21315											
	(c) City, State, and ZIP Code											
	OKLAHOMA CITY				OK	73156						
	DI	ESIGNATIO			THORIZED g Representativ		ΓEES					
8.	I hereby authorize the following na candidacy.	mea committee	, which is NO	i my principa	ai campaign coi	mmittee, to rec	ceive and exp	ena tuna	s on behalf of my			
	NOTE: This designation should be filed with the principal campaign committee.											
	(a) Name of Committee (in full)											
BICE VICTORY COMMITTEE												
	(b) Address (number and street)											
	PO BOX 21315											
	(c) City, State, and ZIP Code											
	OKLAHOMA CITY				OK	73156						
	I certify that I have ex	amined this Sta	tement and to	the best of	my knowledge a	and belief it is t	true, correct a	and comp	olete.			
Signature of Candidate						Date						
BICE, STEPHANIE, , ,						07/07/2025						
	,											
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												

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. NOTE : This designation should be filed with the principal campaign committee.										
	(a) Name of Committee (in full) GOP WINNING WOMEN 2026										
	228 S WASHINGTON ST STE 115										
	(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. 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. 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. 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										