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FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | |
|-------------------------|---|--|---------------|----------------|------------------|---|----------------------------|--|--|
| | Pickett, Deborah, A, , | □ Cho | ok if address | c changed | | 2 Candidata's EEC Ida | ntification Number | | |
| | 11668 Rosemeade Drive | Address (number and street) | | | | Candidate's FEC Identification Number H4IN05286 | | | |
| | (c) City, State, and ZIP Code | | | | | | ew Amended | | |
| | Carmel | | IN | 4603 | 2 | Statement X (N | I) OR (A) | | |
| 4. | Party Affiliation | 5. Office Sought | | | | rict of Candidate | | | |
| | DEMOCRATIC PARTY | House | | | IN | 05 | | | |
| | DE | SIGNATION | OF PRII | NCIPAL | CAMPAIGN | N COMMITTEE | | | |
| 7. | I hereby designate the following nar | ereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) TE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | |
| | | iled with the appro | priate office | e listed in th | ne instructions. | | | | |
| | (a) Name of Committee (in full) | | | | | | | | |
| | PICKETTFORCONG | GRESS | | | | | | | |
| | (b) Address (number and street) | | | | | | | | |
| | 11668 Rosemeade Drive | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | |
| | Carmel | | | | IN | 46032 | | | |
| 8. | I hereby authorize the following name candidacy. NOTE: This designation should be formulated (in full) (b) Address (number and street) (c) City, State, and ZIP Code | | | | | nmittee, to receive and ex | pend funds on behalf of my | | |
| | | | | | | | | | |
| | · | mined this Statem | ent and to | the best of | my knowledge a | and belief it is true, correct | and complete. | | |
| Si | gnature of Candidate | I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. The of Candidate Date Date | | | | | | | |
| Pickett, Deborah, A., , | | | | | 02/22/2024 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| N | OTE: Submission of false, erroneous, | or incomplete info | ormation ma | ay subject t | he person signir | ng this Statement to penal | ties of 2 U.S.C. §437g. | | |
| NO | OTE: Submission of false, erroneous, | or incomplete info | ormation ma | ay subject t | he person signir | ng this Statement to penal | ties of 2 U.S.C. §437g. | | |

FEC FORM 2 (REV. 02/2009)