

Image# 201808159119620105

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Barzee Flores, Mary, , ,			2. Candidate's FEC Identification Number H8FL27086	
(b) Address (number and street) c/o Gloria Maggiolo 6619 S. Dixie Hwy, #148		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Miami FL 33143		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 25		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) MARY BARZEE FLORES FOR CONGRESS		
(b) Address (number and street) C/O GLORIA MAGGIOLO 6619 S. DIXIE HWY, #148		
(c) City, State, and ZIP Code MIAMI FL 33143		

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) SOUTH FLORIDA WOMEN'S VICTORY FUND		
(b) Address (number and street) 611 PENNSYLVANIA AVE SE NUM 143		
(c) City, State, and ZIP Code WASHINGTON DC 20003		

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 Barzee Flores, Mary, , , <i>[Electronically Filed]</i>	Date 08/15/2018
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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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