Image# 201905309149841310 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								
	Mucarsel-Powell, Debbie, , , (b) Address (number and street)	Charle if address aboves			d	2. Condidato's EEC Idor	atification Number		
	PO Box 566442	☐ Check if address changed			eu .	Candidate's FEC Identification Number H8FL26039			
	(c) City, State, and ZIP Code		_			3. Is This No	4.4		
	Miami			EL 332	256	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sou	ght		6. State & Dist	rict of Candidate 26			
	DEMOCRATIC PARTY	House			1 1 2				
	DESIGNATION OF PRINCIPAL CAMPAIGN 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 filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
	Debbie for Congress	S							
	(b) Address (number and street) PO Box 566442								
	() 0': 0: 1710 0 1								
	(c) City, State, and ZIP Code								
	Miami				FL	33256			
	DE					COMMITTEES			
	(Including Joint Fundraising Representatives)								
8.	I hereby authorize the following name candidacy.	ned committee	, which is NO	OT my princ	ipal campaign con	nmittee, to receive and exp	pend funds on behalf of my		
	NOTE: This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	House Victory Proje	ct							
	(b) Address (number and street)								
	918 Pennsylvania Avenue SE								
	(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.									
Si	gnature of Candidate					Date			
Mucarsel-Powell, Debbie, , ,				[El	ectronically Filed]	05/30/2019			
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

Page	2 of	2
rage	OI	

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) Mucarsel-Powell 2018 Victory Fund								
	(b) Address (number and street) 430 South Capitol St SE 2nd Floor								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
8.	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) Lead The Way								
	(b) Address (number and street) 1887 Whitney Mesa Dr. Suite 2980								
	(c) City, State, and ZIP Code								
	Henderson	NV	89014						
8.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE: This designation should be filed with the principal camp (a) Name of Committee (in full) Bold Democrats III (b) Address (number and street) PO Box 75357								
	(c) City, State, and ZIP Code Washington	DC	20013						
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) Blue Green Victory Fund (b) Address (number and street) PO Box 1309 (c) City, State, and ZIP Code								
	Torrance	CA	90505						