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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ehr, Phillip, , ,			2. Candidate's FEC Identification Number S4FL00587	
(b) Address (number and street) 8962 SW 142nd Ave Apt 1219		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Miami FL 33186		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate FL 00		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) PHIL EHR FOR CONGRESS		
(b) Address (number and street) PO BOX 5651		
(c) City, State, and ZIP Code TALLAHASSEE FL 32314		

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)
(b) Address (number and street)
(c) City, State, and ZIP Code

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 Ehr, Phillip, , ,	Date 08/22/2025
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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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