

Image# 202307139582539016

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) JONES, LATERESA, ANN, ,		2. Candidate's FEC Identification Number H0FL20112
(b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed PO Box 773122		
(c) City, State, and ZIP Code Ocala FL 34477		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 09

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) FRIENDS TO ELECT LATERESA A JONES	
(b) Address (number and street) PO BOX 3475	
(c) City, State, and ZIP Code PALM BEACH FL 33480	

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 Jones, Lateresa, , , <i>[Electronically Filed]</i>	Date 07/13/2023
-------------------------------------------------------------------------------------	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--