## FEC FORM 2 STATEMENT OF CANDIDACY

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4										
1.	(a) Name of Candidate (in full)									
	Spalding, Carla, A, ,									
	(b) Address (number and street) 1856 N Nob Hill Rd PMB 296	□ Check if address changed			2. Candidate's FEC Identification Number H0FL23090					
	(c) City, State, and ZIP Code						ew		mended	
	Plantation		FL	33322	2	Statement (N	) <b>OR</b>	<b>×</b> (/	A)	
4.	Party Affiliation	5. Office Sought			6. State & Distr	ict of Candidate				
	REPUBLICAN PARTY	House			FL	23				
	DE	SIGNATION C		CIPAL	CAMPAIGN					
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the <u>2022</u> 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) CARLA SPALDING	FOR CONG	RESS							
	(b) Address (number and street) 1856 N NOB HILL RD PMB 296									
	(c) City, State, and ZIP Code									
	PLANTATION				FL	33322				
8.	I hereby authorize the following nar candidacy. <b>NOTE:</b> This designation should be (a) Name of Committee (in full)					nmittee, to receive and ex	pend funds o	on behal	If of my	
	(b) Address (number and street)									
	(c) City, State, and ZIP Code									
_										
	I certify that I have exa	amined this Stateme	nt and to the	e best of i	my knowledge a	nd belief it is true, correct	and comple	te.		
Si	gnature of Candidate					Date				
Sp	valding, Carla, A, ,			[Elect	ronically Filed]	12/08/2020				
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N	OTE: Submission of false, erroneous	, or incomplete infor	mation may	subject th	ne person signin	g this Statement to penal	ties of 2 U.S	.C. §437	′g.	
N	DTE: Submission of false, erroneous	, or incomplete infor	mation may	subject tł	ne person signin	g this Statement to penal	ties of 2 U.S	.C. §437	′g.	
	OTE: Submission of false, erroneous	, or incomplete infor	mation may	subject tł	ne person signin	g this Statement to penal	ties of 2 U.S	.C. §437	′g.	