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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Salazar, Maria, Elvira, ,			2. Candidate's FEC Identification Number H8FL27185	
(b) Address (number and street) PO Box 431332		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Miami FL 33243		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 27		

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) Salazar For Congress		
(b) Address (number and street) 3725 West Flagler Street #281		
(c) City, State, and ZIP Code Miami FL 33134		

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) Salazar Victory Committee		
(b) Address (number and street) 3725 West Flagler Street #281		
(c) City, State, and ZIP Code Miami FL 33134		

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 Salazar, Maria, Elvira, ,	Date 06/06/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

GOP Winning Women 2024

(b) Address (number and street)

228 South Washington St
Ste. 115

(c) City, State, and ZIP Code

Alexandria VA 22101

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)

American Battleground Fund

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda MD 20824

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)

Emmer Majority Builders

(b) Address (number and street)

824 S. Milledge Ave.
Ste. 101

(c) City, State, and ZIP Code

Athens GA 30605

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)

Grow the Majority

(b) Address (number and street)

228 South Washington St
Ste. 115

(c) City, State, and ZIP Code

Alexandria VA 22314

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

Scott Franklin Wingman Fund

(b) Address (number and street)

PO Box 2811

(c) City, State, and ZIP Code

Lakeland

FL

33806

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)

Hispanic Leadership Trust Partnership

(b) Address (number and street)

1005 Congress Ave
Ste 400

(c) City, State, and ZIP Code

Austin

TX

78701

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

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