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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Jones, Rebekah, , ,		L1. 16			0.0	- Military Normal	
	(b) Address (number and street) PO Box 1259	☐ Check if address changed				Candidate's FEC Identification Number     H2FL01233		
	(c) City, State, and ZIP Code						ew Amended	
	Gulf Breeze		FL	3256	2	Statement (1	N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	House			FL	01		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full) REBEKAH JONES CAMPAIGN								
	(b) Address (number and street) PO BOX 1259							
	(c) City, State, and ZIP Code							
	GULF BREEZE				FL	32562		
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 Date								
Jones, Rebekah, , , [Electronically Filed] 08/12/2021								
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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FEC FORM 2 (REV. 02/2009)