FEC FORM 2 STATEMENT OF CANDIDACY

(a) Name of Candidate (in full) Last Marking							
Jack Martin (b) Address (number and street) 13489 Drysdale Street	☐ Check if address changed		2. FEC Car C0080264		ntification I	Number	
(c) City, State, and ZIP Code Springhill, Florida 34609			3. Is This Statem	0 2	New (N) OF	()	Amended (A)
4. Party Affiliation Republican	5. Office Sought US House of Represenatives	6. State & Distr Florida Dist		late			
DE	SIGNATION OF PRINCIPAL	. CAMPAIGN	I COMMI	TTEE			
I hereby designate the following nar	ned political committee as my Principal	Campaign Comm	nittee for the	2024	elec	ction(s).	
	iled with the appropriate office listed in			(year of el	ection)		
(a) Name of Committee (in full)							
Jack Martin for	Congress						
(b) Address (number and street)							
13489 Drysdale	Street						
(c) City, State, and ZIP Code							
Springhill, Florid	la 34609						
I hereby authorize the following nan candidacy.	(Including Joint Fundraisined committee, which is NOT my principal campaign committed with the principal campaign ca	ng Representative	es)		expend fun	ds on beha	If of my
(a) Name of Committee (in full)							
(b) Address (number and street)		in					
(c) City, State, and ZIP Code							
I certify that I have exar	nined this Statement and to the best of	my knowledge ar	nd belief it is	true, come	ct and con	nplete.	
Signature of Candidate Jack	Martin		Date	t. 5	, 20	23	
NOTE: Submission of false, erroneous	, or incomplete information may subjec	the person signir	ng this Stater	ment to per	nalties of 52	2 U.S.C. §3	0109
0.0009							

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	 of	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

3.	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					
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					
В.	t 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					

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Spring Hill, FT. 34609

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PREPARER / MP (4/2023)	9/6/23 DATE PREPARED			