

Image# 202405139645971095

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Spalding, Carla, A, ,			2. Candidate's FEC Identification Number H0FL23090	
(b) Address (number and street) 205 S Federal Hwy PMB 193		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Deerfield Beach FL 33441-4161		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 23		

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) CARLA SPALDING FOR CONGRESS		
(b) Address (number and street) 265 S FEDERAL HWY PMB 193		
(c) City, State, and ZIP Code DEERFIELD BEACH FL 33441-4161		

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) FRIENDS OF CARLA SPALDING		
(b) Address (number and street) 265 Federal Hwy PMB 193		
(c) City, State, and ZIP Code Deerfield Beach FL 33441		

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 Spalding, Carla, A, ,	Date 05/13/2024
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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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