

Image# 202404239636708114

# FEC FORM 2

## STATEMENT OF CANDIDACY

|  |                           |  |
|--|---------------------------|--|
| 1. (a) Name of Candidate (in full)<br>Barbosa, Jennifer, , Ms.,  |                           | 2. Candidate's FEC Identification Number<br>H4FL15205  |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br>1808 James L Redman Pkwy<br>Ste 119 |                           | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br>Plant City FL 33563   |                           |  |
| 4. Party Affiliation<br>REPUBLICAN PARTY   | 5. Office Sought<br>House | 6. State & District of Candidate<br>FL 15  |

### 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)<br>Jennifer Barbosa for Congress       |  |
| (b) Address (number and street)<br>1808 James L Redman Pkwy<br>Ste 119 |  |
| (c) City, State, and ZIP Code<br>Plant City FL 33563                   |  |

### 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<br>Barbosa, Jennifer, , Ms., | Date<br>04/23/2024 |
|---|--------------------|

**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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