

Image# 202301059574287128

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Posey, Bill, , ,		2. Candidate's FEC Identification Number H8FL15107
(b) Address (number and street) <input type="checkbox"/> Check if address changed P. O. Box 411486		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Melbourne FL 32941		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 08

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) Friends of Bill Posey	
(b) Address (number and street) P. O. Box 411486	
(c) City, State, and ZIP Code Melbourne FL 32941	

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 Posey, Bill, , , <i>[Electronically Filed]</i>	Date 01/05/2023
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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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