

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>RODERICK DARRELL VEREEN</b>		2. FEC Candidate Identification Number <b>H0FL17092</b>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>14630 SOUTH RIVER DRIVE</b>		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>MIAMI, FLORIDA</b>		6. State & District of Candidate <b>FL-24</b>
4. Party Affiliation <b>DEMOCRATIC</b>	5. Office Sought <b>HOUSE</b>	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the \_\_\_\_\_ 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) <b>RODERICK VEREEN FOR CONGRESS</b>
(b) Address (number and street) <b>14630 SOUTH RIVER DRIVE</b>
(c) City, State, and ZIP Code <b>MIAMI, FLORIDA 33167</b>

### 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 <b>6/18/26</b>
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2025 RELEASE UNDER E.O. 14176

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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

NONDISCRIMINATION NOTICE



NONCONFIDENTIAL INFORMATION

Federal Election Commission		
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<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
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<input type="checkbox"/> Other (Specify):		Date of Receipt or Postmarked
<i>RJL</i> PREPARER (4/2023)		6/11/26 DATE PREPARED