

Image# 201912299166885200

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Gleichauf, Robbi, , ,		2. Candidate's FEC Identification Number H0FL04165
(b) Address (number and street) <input type="checkbox"/> Check if address changed 3920 Hammock Bluff Drive		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Jacksonville FL 32226		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 04

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Robbi Gleichauf	
(b) Address (number and street) 3920 Hammock Bluff Drive	
(c) City, State, and ZIP Code Jacksonville FL 32226	

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 Gleichauf, Robbi, , , <i>[Electronically Filed]</i>	Date 12/29/2019
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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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