Image# 202505229761570250

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Lobas, Rebecca, Vivian, , / Elliott, Carlos, , ,

(b) Address (number and street) ☐ Check if address changed
8690 Broadview Rd
K335

2. Candidate's FEC Identification Number
P80007677

(c) City, State, and ZIP Code
Broadview Heights OH 44147

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
NONE	Presidential	00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2028 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
TO UNIFY AND HONOR; WITH TRUST, LOVE, DIGNITY AND RESPECT; THE UNITED STATES CITIZENS

(b) Address (number and street)
8690 Broadview Rd
K335

(c) City, State, and ZIP Code
Broadview Heights OH 44147

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)
HUMAN RIGHTS CAMPAIGN PAC

(b) Address (number and street)
1640 RHODE ISLAND AVE NW

(c) City, State, and ZIP Code
WASHINTON DC 20036

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**
Lobas, Rebecca, Vivian, ,	05/22/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F2N**
Transaction ID :

2028 Special Election.

Form/Schedule:
Transaction ID:

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)

LGBTQ VICTORY FUND FEDERAL PAC

(b) Address (number and street)

1225 EYE ST NW
STE 525

(c) City, State, and ZIP Code

WASHINGTON DC 20005

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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)

PEACE THROUGH STRENGTH PAC

(b) Address (number and street)

PO BOX 26141

(c) City, State, and ZIP Code

ALEXANDRIA VA 22313

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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)

CATHOLICS FOR THE FUTURE, INC.

(b) Address (number and street)

2 MASSACHUSETTS AVE. NE, UNIT 1249

(c) City, State, and ZIP Code

WASHINGTON DC 20013

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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)

OHIO D.R.I.V.E. (DEMOCRATIC REPUBLICAN INDEPENDENT VOTER EDUCATION - TEAMSTERS JOINT COUNCIL #41)

(b) Address (number and street)

272 WEST MARKET STREET

(c) City, State, and ZIP Code

AKRON OH 44303

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)

OHIO RIGHT TO LIFE SOCIETY, INC. PAC

(b) Address (number and street)

88 EAST BROAD STREET
SUITE 620

(c) City, State, and ZIP Code

COLUMBUS OH 43215

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)

LGBTQ CONNECTION PAC

(b) Address (number and street)

515 S. FIGUEROA ST., STE. 1110

(c) City, State, and ZIP Code

LOS ANGELES CA 90071

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)

LOS ANGELES COUNTY LINCOLN CLUB

(b) Address (number and street)

157 N GLENDORA AVE
STE 201

(c) City, State, and ZIP Code

GLENDORA CA 91741-3349

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)

SCIENCE TRUTH AND EXPERTISE MATTER PAC

(b) Address (number and street)

PO BOX 131

(c) City, State, and ZIP Code

DOWNERS GROVE IL 60515

FEC **Form 2S** (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)

CHILDREN FIRST PAC

(b) Address (number and street)

220 VIRGINIA AVE.

(c) City, State, and ZIP Code

ALEXANDRIA VA 22302

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)

SCHOOL NUTRITION ASSOCIATION POLITICAL ACTION COMMITTEE

(b) Address (number and street)

120 WATERFRONT ST, STE. 300

(c) City, State, and ZIP Code

NATIONAL HARBOR MD 20745

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)

SCHOOL FREEDOM FUND

(b) Address (number and street)

2001 L ST NW STE 600

(c) City, State, and ZIP Code

WASHINGTON DC 20036

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