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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Adams, Jennifer, , ,						O Constituted FFO Identify to No. 1			
	(b) Address (number and street) PO Box 1791	Check if address changed				Candidate's FEC Identification Number H4FL07137				
	(c) City, State, and ZIP Code			2070	•		ew	~	Amended	
	Winter Park		FL	_ 3279		Statement (N	N) OR		(A)	
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug House	jht		6. State & Dist	rict of Candidate 07				
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)									
JENNIFER ADAMS FOR CONGRESS										
	(b) Address (number and street)									
	PO BOX 1791									
	(c) City, State, and ZIP Code									
	WINTER PARK				FL	32790				
(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				
Adams, Jennifer, , ,						01/29/2024				
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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FEC FORM 2 (REV. 02/2009)