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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Ott, Robert, , Dr.,		2. Candidate's FEC Identification Number H6FL21083	
(b) Address (number and street) 10380 SW Village Center Drive STE 230		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Port Saint Lucie		FL	34987
4. Party Affiliation NPA	5. Office Sought House	6. State & District of Candidate FL 21	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

Robert Ott for Congress

(b) Address (number and street)

10380 SW Village Center Drive  
STE 230

(c) City, State, and ZIP Code

Port Saint Lucie

FL 34987

### 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 Ott, Robert, , Dr.,	Date 01/05/2026
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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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