Image# 202306019581697333 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)	)											
	DESANTIS, RON, , ,	- 4\		N1. '£1-1.				0.0	-4-1- FEO 1-1-	4161	-4: N	l l	
	(b) Address (number and stree PO BOX 3696	et)	☐ Check if address changed				Candidate's FEC Identification Number     P40013039						
	(c) City, State, and ZIP Code							3. Is This		lew		v	Amended
	TALLAHASSEE			F	·L	32315	5	Staten	nent (1	N)	OR	×	(A)
4.	Party Affiliation	5	. Office Soug	ght			6. State & Dist		date				
	REPUBLICAN PARTY		President	ial				00					
		DES	IGNATIO	N OF P	RINC	IPAL	CAMPAIGN	и сомм	ITTEE				
7.	I hereby designate the following	ng name	ed political co	ommittee as	my Pr	incipal C	ampaign Comr	mittee for the	2024 (year of ele	ction)	electi	on(s).	
	NOTE: This designation shoul		d with the ap	opropriate of	fice lis	sted in th	e instructions.						
	(a) Name of Committee (in full RON DESANTIS	,	R PRES	IDENT									
	(b) Address (number and stree PO BOX 3696	et)											
	(c) City, State, and ZIP Code												
	TALLAHASSEE						FL	32315	5				
		DES					HORIZED		TEES				
			(	Including Jo	int Fu	ndraisin	g Representativ	res)					
	I hereby authorize the followin candidacy.	ig name	d committee,	, which is No	OT my	principa	ıl campaign con	nmittee, to re	eceive and ex	kpend	l funds	on be	half of my
	NOTE: This designation shoul	d be file	d with the pr	incipal camp	oaign o	committe	ee.						
	(a) Name of Committee (in full TEAM DESANT	,	)24										
	(b) Address (number and stree	et)											
	PO BOX 3696	<i>-</i> .,											
	(c) City, State, and ZIP Code												
	TALLAHASSEE						FL	32315					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.													
Sig	nature of Candidate							Date					
DE	ESANTIS, RON, , ,					[Elect	ronically Filed]	06/01/20	23				
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)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	$^2$ of	2	
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## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  8. I hereby authorize the following named committee, who candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  8. I hereby authorize the following named committee, who candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)  (b) Address (number and street)	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
(b) Address (number and street) 1350 BEVERLY ROAD #115, PMB 201  (c) City, State, and ZIP Code MCLEAN  8. I hereby authorize the following named committee, wh candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  8. I hereby authorize the following named committee, where candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  8. I hereby authorize the following named committee, where candidacy. NOTE: This designation should be filed with candidacy. NOTE: This designation should be filed with (a) Name of Committee (in full)									
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