

Image# 202306019581697333

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DESANTIS, RON, , ,		
(b) Address (number and street) PO BOX 3696		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code TALLAHASSEE FL 32315		2. Candidate's FEC Identification Number P40013039
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Presidential
		6. State & District of Candidate 00
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) RON DESANTIS FOR PRESIDENT		
(b) Address (number and street) PO BOX 3696		
(c) City, State, and ZIP Code TALLAHASSEE FL 32315		

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) TEAM DESANTIS 2024		
(b) Address (number and street) PO BOX 3696		
(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.

Signature of Candidate DESANTIS, RON, , , <i>[Electronically Filed]</i>	Date 06/01/2023
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

DRAFT DESANTIS 2024 FUND

(b) Address (number and street)

1350 BEVERLY ROAD #115, PMB 201

(c) City, State, and ZIP Code

MCLEAN

VA

22101

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

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

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