FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)						
Salazar, Maria, Elvira, ,				1		
(b) Address (number and street) PO Box 431332	□ Check if addre	ss changed		2. Candidate's FEC Identification Number H8FL27185		
(c) City, State, and ZIP Code				3. Is This New Amended		
Miami	FL	33243	3	Statement (N) OR X (A)		
4. Party Affiliation	5. Office Sought			rict of Candidate		
REPUBLICAN PARTY	House		FL	27		
DE	SIGNATION OF PR	INCIPAL	CAMPAIGN			
7. I hereby designate the following name	ned political committee as n	ny Principal (Campaign Comm	nittee for the $\frac{2024}{(\text{year of election})}$ election(s).		
NOTE: This designation should be f	iled with the appropriate offi	ce listed in th	ne instructions.			
(a) Name of Committee (in full)						
Salazar For Congres	SS					
(b) Address (number and street)						
3725 West Flagler Street						
#281						
(c) City, State, and ZIP Code						
Miami			FL	33134		
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the find the	ed committee, which is NO	T my principa		nmittee, to receive and expend funds on behalf of my		
#281						
(c) City, State, and ZIP Code Miami			FL	33134		
I certify that I have exa	mined this Statement and to	the best of i	my knowledge al	nd belief it is true, correct and complete.		
Signature of Candidate				Date		
				04/10/2024		
Salazar, Maria, Elvira, ,				04/10/2024		
NOTE: Submission of false, erroneous,	or incomplete information r	nay subject t	he person signin	g this Statement to penalties of 2 U.S.C. §437g.		

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)						
Hispanic Leadership Trust Partnership						
(b) Address (number and street)						
1005 Congress Ave						
Ste 400						
(c) City, State, and ZIP Code						
Austin	ТХ	78701				

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)		
GOP Winning Women 2024		
(b) Address (number and street)		
228 South Washington St		
Ste. 115		
(c) City, State, and ZIP Code		
Alexandria	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)		
American Battleground Fund		
(b) Address (number and street)		
PO Box 30844		
(c) City, State, and ZIP Code		
Bethesda	MD	20824

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)		
Emmer Majority Builders		
(b) Address (number and street) 824 S. Milledge Ave.		
Ste. 101 (c) City, State, and ZIP Code		
Athens	GA	30605

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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)						
Grow the Majority						
(b) Address (number and street)						
228 South Washington St						
Ste. 115						
(c) City, State, and ZIP Code						
Alexandria	VA	22314				

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.

(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)	N	lame	of	Com	nittee	in (in	full)
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(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