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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
MCBRIDE, EVELYN, JANE'-MARIE, DR,

(b) Address (number and street) ☐ Check if address changed
4115 MORELAND DR

2. Candidate's FEC Identification Number
S6FL00665

(c) City, State, and ZIP Code
VALRICO FL 33596

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
DEMOCRATIC PARTY	Senate	FL 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
DR. EVELYN MCBRIDE

(b) Address (number and street)
4115 MORELAND DR

(c) City, State, and ZIP Code
VALRICO FL 33596

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	Date
MCBRIDE, EVELYN, JANE'-MARIE, DR.,	02/20/2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.