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FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|--|--|
| 1. (a) Name of Candidate (in full) Meadows, Cindy, , Ms, | | |
| (b) Address (number and street) 119 Nightcap Street | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Santa Rosa Beach FL 32459 | | 2. Candidate's FEC Identification Number H6FL01267 |
| 4. Party Affiliation REPUBLICAN PARTY | | 5. Office Sought House |
| 6. State & District of Candidate FL 01 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input 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 2025 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) Cindy Meadows for Congress District 1 | | |
| (b) Address (number and street) 119 Nightcap Street | | |
| (c) City, State, and ZIP Code Santa a Rosa Beach FL 32459 | | |

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 Meadows, Cindy, Ann, Ms., | Date 11/14/2024 |
|---|--------------------|

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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