

Image# 202411149719971381

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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
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
		6. State & District of Candidate FL 01
2. Candidate's FEC Identification Number H6FL01267		
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> 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 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
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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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