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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) KLACIK, KIMBERLY, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed P.O. BOX 15361 200 WILSON POINT RD.		2. Candidate's FEC Identification Number H4MD02265
(c) City, State, and ZIP Code MIDDLE RIVER MD 21220		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate MD 02

### 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) KIM KLACIK FOR CONGRESS		
(b) Address (number and street) P.O. BOX 15361 200 WILSON POINT RD.		
(c) City, State, and ZIP Code MIDDLE RIVER MD 21220		

### 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 KLACIK		
(b) Address (number and street) C/O RED CURVE SOLUTIONS 138 CONANT ST, SUITE 401		
(c) City, State, and ZIP Code BEVERLY MA 01915		

*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 KLACIK, KIMBERLY, , ,	Date 05/27/2025
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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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