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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Gray, Leela, J, ,		
(b) Address (number and street) PO Box 40162		☐ Check if address changed
(c) City, State, and ZIP Code St Petersburg FL 33743		2. Candidate's FEC Identification Number H6FL13312
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate FL 13		3. Is This Statement ☐ New (N) OR ☒ Amended (A)

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) LEELA J GRAY FOR CONGRESS INC		
(b) Address (number and street) PO BOX 40162		
(c) City, State, and ZIP Code ST PETERSBURG FL 33743		

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) Leela Gray Victory Fund		
(b) Address (number and street) 1030 15TH ST NW #404		
(c) City, State, and ZIP Code Washington DC 20005		

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 Gray, Leela, J, ,	Date 07/01/2026
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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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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

6 STARS VOTEVETS VICTORY FUND

(b) Address (number and street)

PO BOX 26430

(c) City, State, and ZIP Code

TEMPE

AZ

85285

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

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(c) City, State, and ZIP Code