

Image# 202402099619757485

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mucarsel-Powell, Debbie, , ,		2. Candidate's FEC Identification Number S4FL00611
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO Box 432250		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code South Miami FL 33243		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate FL 00

### 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) Debbie for Florida		
(b) Address (number and street) PO Box 432250		
(c) City, State, and ZIP Code South Miami FL 33243		

### 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) DMP VICTORY FUND		
(b) Address (number and street) PO BOX 432250		
(c) City, State, and ZIP Code SOUTH MIAMI FL 33243		

*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 Mucarsel-Powell, Debbie, , ,	Date 02/09/2024
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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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