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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Jenkins, Jennifer, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed PO BOX 372172 1071 S PATRICK DR STE 101		2. Candidate's FEC Identification Number H6FL06399
(c) City, State, and ZIP Code SATELLITE BEACH FL 32937		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 06

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) JENNIFER JENKINS FOR U.S. CONGRESS		
(b) Address (number and street) PO BOX 372172 1071 S PATRICK DR STE 101		
(c) City, State, and ZIP Code SATELLITE BEACH FL 32937		

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 Jenkins, Jennifer, , ,	Date 02/05/2026
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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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