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## FEC FORM 2

## STATEMENT OF CANDIDACY

| _  | ( ) )   ( )   ( )   ( )   ( )  |                  |              |               |                   |   |  |
|--|--|------------------|--------------|---------------|-------------------|---|--|
| 1.   | (a) Name of Candidate (in full)  |                  |              |               |                   |   |  |
|  | Garlington, William, , ,   | <b>8</b> 10L     | ook if add   | oc obcosc d   |                   | 2 Candidata's EEC Identification Number             |  |
|  | b) Address (number and street)  2799 Cypress Head Trail  |                  |              |               |                   | Candidate's FEC Identification Number     H0FL07192 |  |
|  | (c) City, State, and ZIP Code  |                  |              |               |                   | 3. Is This New Amended                              |  |
|  | Oviedo   |                  | FL           | 3276          | 5                 | Statement (N) OR (A)                                |  |
| 4.   | Party Affiliation  | 5. Office Sough  | nt           |               | 1                 | rict of Candidate                                   |  |
|  | NPA  | House            |              |               | FL                | 07  |  |
|  | DE   | SIGNATIO         | N OF PR      | INCIPAL       | CAMPAIGN          | N COMMITTEE   |  |
| 7.   | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) |                  |              |               |                   |   |  |
|  | NOTE: This designation should be filed with the appropriate office listed in the instructions.                                   |                  |              |               |                   |   |  |
| (a) Name of Committee (in full) BILL GARLINGTON FOR CONGRESS   |  |                  |              |               |                   |   |  |
|  | (b) Address (number and street)<br>815 EYRIE DRIVE   |                  |              |               |                   |   |  |
|  | (c) City, State, and ZIP Code  |                  |              |               |                   |   |  |
|  | OVIEDO   |                  |              |               | FL                | 32765   |  |
|  | OVIEDO   |                  |              |               |                   | 02.00   |  |
| (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)  |  |                  |              |               |                   |   |  |
|  | (a) Name of Committee (in ruii)  |                  |              |               |                   |   |  |
|  | (b) Address (number and street)  |                  |              |               |                   |   |  |
|  | (b) Address (number and street)  |                  |              |               |                   |   |  |
|  | (c) City, State, and ZIP Code  |                  |              |               |                   |   |  |
|  |  |                  |              |               |                   |   |  |
|  | I certify that I have exa  | mined this State | ement and to | the best of   | my knowledge a    | and belief it is true, correct and complete.        |  |
| Si   | gnature of Candidate   |                  |              |               |                   | Date  |  |
|  | arlington, William, Richard, ,   |                  |              |               |                   |   |  |
| 0.   | ar ingren, minimum, menung,  |                  |              | [Elec         | tronically Filed] | 04/13/2020  |  |
|  |  |                  |              |               |                   |   |  |
| NO   | DTE: Submission of false, erroneous,   | or incomplete in | nformation n | nay subject t | he person signir  | ng this Statement to penalties of 2 U.S.C. §437g.   |  |
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FEC FORM 2 (REV. 02/2009)