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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Medina, Ian, Anthony, ,							
	(b) Address (number and street) 7443 Loch Ness Drive	☐ Check if address changed				Candidate's FEC Identification Number H2FL25075		
	(c) City, State, and ZIP Code	tate, and ZIP Code					ew Amended	
	Miami Lakes	FL 33014			4	Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	ıht		6. State & Dist	rict of Candidate		
	DEMOCRATIC PARTY	House			FL	25		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election) election(s).							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
(a) Name of Committee (in full)								
Magic City For Ian Anthony Medina								
	(b) Address (number and street) 7443 Loch Ness Drive							
	(c) City, State, and ZIP Code							
	Miami Lakes				FL	33014		
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 cortify that I have eva	mined this Stat	tement and to	the hest of	my knowledge a	and helief it is true correct	and complete	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.								
	gnature of Candidate					Date		
M	edina, Ian, Anthony, ,			[Elec	tronically Filed]	08/19/2021		
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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FEC FORM 2 (REV. 02/2009)