

Image# 202411069719930627

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCOTT, RICK , , SEN,			2. Candidate's FEC Identification Number S8FL00273	
(b) Address (number and street) PO BOX 130708		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code TAMPA FL 33681		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate FL		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 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) RICK SCOTT FOR FLORIDA		
(b) Address (number and street) PO BOX 130708		
(c) City, State, and ZIP Code TAMPA FL 33681		

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) TEAM RICK SCOTT		
(b) Address (number and street) PO BOX 76024		
(c) City, State, and ZIP Code WASHINGTON DC 20013		

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 SCOTT, RICK , , SEN,	Date 11/06/2024
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

CORNYN VICTORY COMMITTEE

(b) Address (number and street)

PO BOX 13026

(c) City, State, and ZIP Code

AUSTIN

TX

78711

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)

RICK SCOTT VICTORY FUND

(b) Address (number and street)

PO BOX 76024

(c) City, State, and ZIP Code

WASHINGTON

DC

20013

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)

TEAM MCCONNELL

(b) Address (number and street)

228 S WASHINGTON ST, SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

2024 REPUBLICAN SENATE VICTORY

(b) Address (number and street)

228 S WASHINGTON ST, STE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314