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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McClellan, Kevin, Harrison, ,		
(b) Address (number and street) 16745 Calder Dr E		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Loxahatchee		2. Candidate's FEC Identification Number H6FL20093
4. Party Affiliation W		3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate FL 20

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)

FAFO (Free American Family Organization)

(b) Address (number and street)

16745 Calder Dr E

(c) City, State, and ZIP Code

Loxahatchee

FL 33470

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

McClellan, Kevin, Harrison, ,

Date

12/24/2025

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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