FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. | (a) Name of Candidate (in full) | | | | | | | | | |
|--|---|-----------------------------|---------------|-------------------------|---|--------------|------------|----------------|------------|--|
| | Montavon, Matthew, , , | | | | | | | | | |
| | (b) Address (number and street) PO Box 61612 | □ Check if address changed | | | 2. Candidate's FEC Identification Number H4FL17060 | | | | | |
| | (c) City, State, and ZIP Code Fort Myers | FL 33906 | | 3. Is This Statement | X (N) | OR | П | Amended (A) | | |
| 4. | Party Affiliation | 5. Office Sought 6. State & | | 6. State & Dis | trict of Candidate | | | | | |
| | DEMOCRATIC PARTY | House | | FL | 17 | | | | | |
| | DE | SIGNATION OF F | PRINCIPA | L CAMPAIG | | EE | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (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) | | | | | | | | | |
| | MONTAVON FOR C | CONGRESS | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | PO BOX 2923 | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | FORT MYERS | | | FL | 33901 | | | | | |
| | | | | | | | | | | |
| 8. | DE | | Joint Fundrai | sing Representativ | ves) | | nd funds | on beł | nalf of my | |
| | candidacy. | | | | | | | | | |
| | NOTE: This designation should be f | iled with the principal car | mpaign comm | ittee. | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | |
| | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| _ | I certify that I have exa | mined this Statement an | d to the best | of my knowledge a | and belief it is true | correct an | d comple | ete. | | |
| Si | ignature of Candidate | | | | Date | , | | | | |
| | Montavon, Matthew, L, , | | | | | 01/04/2024 | | | | |
| 10. | ioniavon, Mainew, L, , | | | | 01/04/2024 | | | | | |
| N | OTE: Submission of false, erroneous | or incomplete information | on may subier | t the nerson signi | ng this Statement | | | | | |
| | | | on may oubjo | a the person sign | ng this otatement | to penalties | s of 2 U.S | s.C. §4 | 37g. | |
| | | | | | | to penalties | s of 2 U.S | 5.C. §4 | 37g. | |
| | | | | | | to penalties | s of 2 U.S | 6.C. §4 | 37g. | |