

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) BEAN, AARON, P., ,		
(b) Address (number and street) P.O. BOX 16251		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code FERNANDINA BEACH FL 32035		2. Candidate's FEC Identification Number H2FL04211
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate FL 04		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

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) AARON BEAN FOR CONGRESS		
(b) Address (number and street) 2640A MITCHAM DRIVE		
(c) City, State, and ZIP Code TALLAHASSEE FL 32308		

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) AARON BEAN TEAM		
(b) Address (number and street) 2640-A MITCHAM DRIVE		
(c) City, State, and ZIP Code TALLAHASSEE FL 32308		

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 BEAN, AARON, P., ,	Date 11/13/2024
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 2

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)

TRANSPORTATION TRUST FUND

(b) Address (number and street)

502 6TH STREET

(c) City, State, and ZIP Code

HUDSON

WI

54016

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

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

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