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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Demings, Val, , ,		No1. 17				O Condidatela FFO Idantiff it No. 1				
	(b) Address (number and street) 611 N Mills Ave, Unit 536926	☐ Check if address changed					Candidate's FEC Identification Number S2FL00631				
	(c) City, State, and ZIP Code	City, State, and ZIP Code				3. Is This New Amended					
	Orlando		FI	- :	32853		Statement (N) OR (A)				
4.	Party Affiliation	5. Office Soug	ght				rict of Candidate				
	DEMOCRATIC PARTY	Senate				FL					
	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)										
	NOTE: This designation should be f	iled with the ap	opropriate off	ice liste	d in th	e instructions.					
	(a) Name of Committee (in full)										
	Val Demings for U.S. Senate										
	(b) Address (number and street) PO Box 536926										
	(c) City, State, and ZIP Code										
	Orlando					FL	32853				
(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 f	nea with the pr	incipai campi	aign cor	nmille	e.					
(a) Name of Committee (in full) Val Demings Victory Fund											
	(b) Address (number and street) 611 Pennsylvania Ave SE										
	Ste 143										
	(c) City, State, and ZIP Code										
	Washington					DC	20003				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Siç	gnature of Candidate						Date ·				
De	mings, Val, , ,				[Electi	onically Filed]	04/15/2022				
NO	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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.								
) Name of Committee (in full)								
	Blue Senate Candidate Fund								
	(b) Address (number and street) 600 Pennsylvania Ave SE #15180								
	(c) City, State, and ZIP Code								
	Washington	DC	20003						
8.	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)								
	Florida Senate Victory 2022								
	(b) Address (number and street) 120 Maryland Ave NE								
	(c) City, State, and ZIP Code								
	Washington	DC	20002						
8.	nereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE: This designation should be filed with the principal campaign committee. Name of Committee (in full) Gillibrand Demings Beasley Victory Fund								
	(b) Address (number and street)								
	124 Washington St								
	Ste 101								
	(c) City, State, and ZIP Code	N.4.0	2000-						
	Foxboro	MA	02035						
8.	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								