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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Sprewell de Bourbon Medici, Maria Antoinette, Poinciana Josefa, Queen,

(b) Address (number and street) ☐ Check if address changed
515 E Las Olas Boulevard

2. Candidate's FEC Identification Number
P40021255

(c) City, State, and ZIP Code
Fort Lauderdale FL 33301

3. Is This Statement ☒ New (N) **OR** ☐ Amended (A)

4. Party Affiliation
REPUBLICAN PARTY

5. Office Sought
Presidential

6. State & District of Candidate
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DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

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)
Queen Maria Antoinette 2024

(b) Address (number and street)
515 E Las Olas Boulevard

(c) City, State, and ZIP Code
Fort Lauderdale FL 33301

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	**Date**
Sprewell de Bourbon Medici, Maria Antoinette, Poinciana Josefa, Queen,	08/14/2024

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