

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DONALDS, BYRON, , ,			2. Candidate's FEC Identification Number H2FL14186	
(b) Address (number and street) 2430 VANDERBILT BEACH ROAD STE 108 PMB 260		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code NAPLES FL 34108		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 19		

### 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) <b>BYRON DONALDS FOR CONGRESS</b>		
(b) Address (number and street) 2430 VANDERBILT BEACH ROAD STE 108 PMB 260		
(c) City, State, and ZIP Code NAPLES FL 34108		

### 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>BYRON DONALDS VICTORY FUND</b>		
(b) Address (number and street) 2430 VANDERBILT BEACH ROAD STE 108 PMB 260		
(c) City, State, and ZIP Code NAPLES FL 34108		

*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 DONALDS, BYRON, , ,	Date 11/20/2024
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**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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Optional Supplemental Page for Designation  
of Additional Authorized Committees

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)

LEAN FORWARD AMERICA 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