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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Schiller, Margaret, Ann, Ms,		
(b) Address (number and street) 174 Watercolor Way Ste 103, #203		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Santa Rosa Beach		FL 32459
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 01
2. Candidate's FEC Identification Number H2FL01258		
3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input 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 2022 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)

The Committee to Elect Peggy Schiller

(b) Address (number and street)
174 Watercolor Way
Ste 103,#203

(c) City, State, and ZIP Code

Santa Rosa Beach FL 32459

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 Schiller, Margaret, Ann, Ms,	Date 11/17/2021
[Electronically Filed]	

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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