Image# 201905229149829894 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | |
|---|--|--------------------|--------------|---------------|-------------------|---|----------------|------------|----------|---------|--|
| | Kennedy, James, , , | | | | | | | | | | |
| | (b) Address (number and street) 762 Killarney Court | nd street) | | | | Candidate's FEC Identification Number H0FL08224 | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | Ne | W | | Amended | |
| | Merritt Island | | FL | 3295 | 3 | Stateme | ent X (N) | OR | | (A) | |
| 4. | Party Affiliation | 5. Office Sough | nt | | 6. State & Dist | trict of Candida | ite | | | | |
| | DEMOCRATIC PARTY | House | | | FL | 08 | | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election) | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | |
| Jim Kennedy for Congress | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | |
| | 333 Crockett Blvd #541148 | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | |
| | Merritt Island | | | | FL | 32954 | | | | | |
| | | | | | | | | | | | |
| 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 exa | mined this State | ement and to | the best of | my knowledge a | and belief it is ti | rue, correct a | and comp | lete. | | |
| Signature of Candidate Date | | | | | | Date | | | | | |
| Kennedy, James, , , | | | | [Elec | tronically Filed] | 05/22/2019 | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | |
| | OTE: Submission of false, erroneous | , or incomplete i | ntormation n | nav subiect i | the person signi | ng this Stateme | ent to penalti | es of 2 II | S.C. 843 | 7a. | |
| | OTE: Submission of false, erroneous | , or incomplete in | ntormation n | nay subject | the person signir | ng this Stateme | ent to penalti | es of 2 U. | S.C. §43 | 7g. | |
| | OTE: Submission of false, erroneous | , or incomplete i | nformation n | nay subject | the person signii | ng this Stateme | ent to penalti | es of 2 U. | S.C. §43 | 7g. | |

FEC FORM 2 (REV. 02/2009)