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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)
Chuba, Jon, , ,

(b) Address (number and street)
4929 Skyway Dr
Suite 6307

☒ Check if address changed

2. Candidate's FEC Identification Number
H2FL05200

(c) City, State, and ZIP Code
Jacksonville FL 32246

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

4. Party Affiliation	5. Office Sought	6. State & District of Candidate
Rep	House	FL 04

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) election(s).

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)
Jon Chuba for Congress

(b) Address (number and street)
4929 Skyway Dr
Suite 6307

(c) City, State, and ZIP Code
Jacksonville FL 32246

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)
Jon Chuba for Congress

(b) Address (number and street)
4929 Skyway Dr
Suite 6307

(c) City, State, and ZIP Code
Jacksonville FL 32246

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**
Chuba, Jon, , , ***[Electronically Filed]***	06/05/2022

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