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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1.   | (a) Name of Candidate (in full)   |                            |     |       |                   |   |      |  |
|--|---|----------------------------|-----|-------|-------------------|---|------|--|
|  | Raybon, Jennifer, Susan, ,  |                            |     |       |                   |   |      |  |
|  | (b) Address (number and street)<br>13900 County Road 455<br>Suite 107-411   | ☐ Check if address changed |     |       |                   | Candidate's FEC Identification Number     H2FL15134 |      |  |
|  | (c) City, State, and ZIP Code   |                            |     |       |                   | 3. Is This New Amer                                 | nded |  |
|  | Clermont  |                            | FL  | 3471  | 1                 | Statement (N) OR (A)                                |      |  |
| 4.   | Party Affiliation   | 5. Office Soug             | jht |       | 6. State & Dist   | trict of Candidate                                  |      |  |
|  | REPUBLICAN PARTY  | House                      |     |       | FL                | 18  |      |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE  |   |                            |     |       |                   |   |      |  |
| 7.   | . I hereby designate the following named political committee as my Principal Campaign Committee for the 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)  JENNIFER RAYBON FOR CONGRESS   |                            |     |       |                   |   |      |  |
|  | (b) Address (number and street)<br>13900 COUNTY ROAD 455<br>SUITE 107-411   |                            |     |       |                   |   |      |  |
|  | (c) City, State, and ZIP Code   |                            |     |       |                   |   |      |  |
|  | CLERMONT  |                            |     |       | FL                | 34711   |      |  |
|  | oll more  |                            |     |       |                   | -   |      |  |
| 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) / tad. coo (talzor a.i.a culcol)  |                            |     |       |                   |   |      |  |
| (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.   |   |                            |     |       |                   |   |      |  |
|  |   |                            |     |       |                   | Date  | •    |  |
| R  | aybon, Jennifer, Susan, ,   |                            |     | [Elec | tronically Filed] | 05/09/2022  |      |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.  |   |                            |     |       |                   |   |      |  |
|  |   |                            |     |       |                   |   |      |  |
|  |   |                            |     |       |                   |   |      |  |

FEC FORM 2 (REV. 02/2009)

## : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2A Transaction ID:

Updating District

Form/Schedule: Transaction ID: