

Image# 201902119145495999

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) SCOTT, RICK , , SEN,		
(b) Address (number and street) 224 E 6TH AVE		☒ Check if address changed
(c) City, State, and ZIP Code TALLAHASSEE FL 32308		2. Candidate's FEC Identification Number S8FL00273
4. Party Affiliation REPUBLICAN PARTY		3. Is This Statement ☐ New (N) OR ☒ Amended (A)
5. Office Sought Senate		6. State & District of Candidate FL

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) RICK SCOTT FOR FLORIDA		
(b) Address (number and street) 224 E 6TH AVE		
(c) City, State, and ZIP Code TALLAHASSEE FL 32308		

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) TEAM RICK SCOTT		
(b) Address (number and street) PO BOX 9891		
(c) City, State, and ZIP Code ARLINGTON VA 22219		

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 SCOTT, RICK , , SEN, [Electronically Filed]	Date 02/11/2019
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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 CommitteesPage 2 of 2

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)

FLORIDA VOTES COUNT

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

TEAM RICK SCOTT

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

RICK SCOTT VICTORY FUND

(b) Address (number and street)

PO BOX 9891

(c) City, State, and ZIP Code

ARLINGTON

VA

22219

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)

THE FOUNDERS COMMITTEE

(b) Address (number and street)

228 S WASHINGTON ST, SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314