

Image# 201904229149580228

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Griffin, Sheila, , ,			2. Candidate's FEC Identification Number H0FL13125	
(b) Address (number and street) 10300 49th Street Suite 509		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Clearwater FL 33762		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 13		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) Sheila Griffin for Congress		
(b) Address (number and street) 10300 49th Street Suite 509		
(c) City, State, and ZIP Code Clearwater FL 33762		

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 Griffin, Sheila, , , <i>[Electronically Filed]</i>	Date 04/22/2019
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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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