

Image# 202205029502508056

PAGE 1 / 2

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) FRANKLIN, SCOTT, , MR.,		2. Candidate's FEC Identification Number H0FL15104	
(b) Address (number and street) P.O. BOX 2811		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code LAKELAND FL 33806		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 18	

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 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) SCOTT FRANKLIN FOR CONGRESS	
(b) Address (number and street) P.O. BOX 2811	
(c) City, State, and ZIP Code LAKELAND FL 33806	

### 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) TAKE BACK THE HOUSE 2022	
(b) Address (number and street) PO BOX 30844	
(c) City, State, and ZIP Code BETHESDA MD 20824-0844	

*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 <i>Franklin, Scott, , Mr.,</i>  <i>[Electronically Filed]</i>	Date 05/02/2022
---	--------------------

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

--	--	--	--	--	--	--	--	--

Optional Supplemental Page for Designation  
of Additional Authorized Committees

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)

AMERICA STRONG

(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)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

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