

Image# 202109019466581099

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Loomer, Laura, , ,			2. Candidate's FEC Identification Number H0FL21078	
(b) Address (number and street) PO Box 1465 720 Lucerne Ave		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Lake Worth FL 33460		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 11		

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) LAURA LOOMER FOR CONGRESS INC		
(b) Address (number and street) PO BOX 1465 720 LUCERNE AVE		
(c) City, State, and ZIP Code LAKE WORTH FL 33460		

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 Loomer, Laura, , , <i>[Electronically Filed]</i>	Date 09/01/2021
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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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