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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Clark, Drew-Montez, , Dr.,			
(b) Address (number and street) 17113 Miramar Pkwy #167		<input checked="" type="checkbox"/> Check if address changed	
		2. Candidate's FEC Identification Number H2FL25083	
(c) City, State, and ZIP Code Miramar		FL	33027
		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 20	

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)

DREW-MONTEZ CLARK FOR CONGRESS

(b) Address (number and street)
15275 COLLIER BLVD
#201-192

(c) City, State, and ZIP Code

NAPLES

FL

34119

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 <i>Clark, Drew-Montez, , Dr.,</i>	Date <i>[Electronically Filed]</i>
	04/01/2022

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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