

Image# 202212169574175352

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) LEE, LAUREL, , MRS.,			2. Candidate's FEC Identification Number H2FL15241	
(b) Address (number and street) P.O. BOX 2743		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code BRANDON FL 33509		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 15		

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) LAUREL LEE FOR CONGRESS, INC.		
(b) Address (number and street) P.O. BOX 2743		
(c) City, State, and ZIP Code BRANDON FL 33509		

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) BILIRAKIS LEE VICTORY FUND		
(b) Address (number and street) PO BOX 606		
(c) City, State, and ZIP Code TARPON SPRINGS FL 34688		

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 LEE, LAUREL, , MRS., <i>[Electronically Filed]</i>	Date 12/16/2022
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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 Committees

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(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

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)

NRCC FLORIDA VICTORY

(b) Address (number and street)

228 S. WASHINGTON STREET

SUITE 115

(c) City, State, and ZIP Code

ALEXANDRIA

VA

22314

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)

SCOTT FRANKLIN WINGMAN FUND

(b) Address (number and street)

P.O. BOX 2811

(c) City, State, and ZIP Code

LAKELAND

FL

33806

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)

LAUREL LEE VICTORY FUND

(b) Address (number and street)

P.O. BOX 2743

(c) City, State, and ZIP Code

BRANDON

FL

33509

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(a) Name of Committee (in full)

LEE FOR FL-15

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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