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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.										
	(a) Name of Candidate (in full)	_								
	Craft, Frank, S, , / Craft, Frank		heck if addre							
	(b) Address (number and street) 405 Central Ave #31		Candidate's FEC Identification Number     H2FL13212							
	(c) City, State, and ZIP Code					3. Is This	Nev	/		Amended
	St. Petersburg		FL	3370	1	Statem	nent (N)	OR	×	(A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candid	date			
	LIBERTARIAN	House			FL	13				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGN	N COMMI	TTEE			
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)									
	NOTE: This designation should be f	led with the ap	propriate offi	ce listed in t	ne instructions.					
	(a) Name of Committee (in full)									
	Frank Craft for Cong	ress								
	(b) Address (number and street)									
	405 Central Ave #31									
	(c) City, State, and ZIP Code									
	St. Petersburg				FL	33701				
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(led committee,	Including Join	nt Fundraisin T my princip		es)		end funds	on bel	nalf of my
	(a) Name of Committee (in full)	<u> </u>								
_	(a) Name of Committee (in full)									
	(a) Name of Committee (in full)  (b) Address (number and street)		ement and to	o the best of	my knowledge a	and belief it is	true, correct a	nd compl	ete.	
Si	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		ement and to	o the best of	my knowledge a	and belief it is	true, correct a	nd compli	ete.	
	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code		ement and to		my knowledge a			nd compl	ete.	
Ci	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate	mined this Stat		[Elec	tronically Filed]	<b>Date</b> 04/07/20	21			
	(a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have examing the state of Candidate		ement and to			Date		nd compl	ete.	

FEC FORM 2 (REV. 02/2009)