

FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <i>DR. JOE SMITH</i>		2. FEC Candidate Identification Number <i>1724372</i>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>350 N. Federal Hwy, APT 413 S</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <i>Boynton Beach, FL 33435</i>		6. State & District of Candidate <i>Florida U.S. Senate</i>
4. Party Affiliation <i>REP</i>	5. Office Sought	

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) <i>Americans Against Crime</i>
(b) Address (number and street) <i>350 N. Federal Hwy, Apt 413 S</i>
(c) City, State, and ZIP Code <i>Boynton Beach, FL 33435</i>

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) <i>N/A</i>
(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 	Date <i>04.01.2024</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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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)

N/A

(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)

N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

N/A

(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)

N/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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(4/2023)

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