

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) <i>350 N. Federal Hwy, Apt 413 S</i>		3. Is This New Amended Statement <input checked="" type="checkbox"/> (N) OR (A)	
(c) City, State, and ZIP Code <i>Boynton Beach, FL 33435</i>		4. Party Affiliation <i>REP</i>	
5. Office Sought		6. State & District of Candidate <i>Florida U.S. Senate</i>	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
 NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full)

Americans Against Crime

(b) Address (number and street)

350 N. Federal Hwy, Apt 413 S

(c) City, State, and ZIP Code

Boynton Beach, FL 33435

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.

N/A

(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

Date

04.01.2024

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)

H/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

H/A

(b) Address (number and street)

(c) City, State, and ZIP Code

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H/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)

H/A

(b) Address (number and street)

(c) City, State, and ZIP Code

CERTIFIED MAIL

South
Castelberry Place
Palm Beach, FL 33414



Federal Election Commission
1080 First Street, NE
Washington, DC

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<i>WDC</i>	<i>4/23/24</i>	

PREPARER
(4/2023)

DATE PREPARED