Image# 202201029474862512 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)								_	
Lankford, Keisha, , Dr.,						0 Candid-t-!- 550	I al a m tifi a = ti = ti			
	(b) Address (number and street) 335 Cooper St	☐ Check if address changed				Candidate's FEC Identification Number H2TX30228				
	(c) City, State, and ZIP Code					3. Is This	New	Amended	<u></u>	
	Cedar Hill	TX 75104				Statement X	(N) OR	(A)		
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate 30				
	DEMOCRATIC PARTY	House			17	30			_	
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7.	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)									
Dr Keisha Lankford for Congress										
	(b) Address (number and street)								—	
	335 Cooper St									
	(c) City, State, and ZIP Code								_	
	Cedar Hill				TX	75104				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. Legacy authorize the following paged committee, which is NOT my principal campaign committee, to receive and expend funds on helpful of my										
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 continued at the according	minad this Co	tomont ====1 t	the best	my knowledge	and holiof it is town	root on d a !	ato.	_	
	I certify that I have exa	minea this Stat	ement and to	tne best of	ту кпоміеаде а	+	тест апа сотрю	ete. 	_	
	gnature of Candidate					Date			•	
L	ınkford, Keisha, , Dr.,			[Elec	tronically Filed]	01/02/2022				
NO	DTE: Submission of false, erroneous,	or incomplete	information r	nay subject	the person signir	ng this Statement to pe	enalties of 2 U.S	S.C. §437g.	_	
									_	

FEC FORM 2 (REV. 02/2009)