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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) FRANKLIN, SCOTT, , MR.,		
(b) Address (number and street) P.O. BOX 2811		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code LAKELAND FL 33806		2. Candidate's FEC Identification Number H0FL15104
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House
6. State & District of Candidate FL 18		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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) SCOTT FRANKLIN FOR CONGRESS		
(b) Address (number and street) P.O. BOX 2811		
(c) City, State, and ZIP Code LAKELAND FL 33806		

### 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) SCOTT FRANKLIN WINGMAN FUND		
(b) Address (number and street) P.O. BOX 2811		
(c) City, State, and ZIP Code LAKELAND FL 33806		

*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 Franklin, Scott, , Mr.,	Date 11/25/2024
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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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