Image# 202210169537512699 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						_		
	Sanscrainte, Matthew, Alexander, Mr,								
	(b) Address (number and street) ☐ Check if address changed 12291 Mallory Dr					2. Candidate's FEC Identification Number S4FL00470			
	(c) City, State, and ZIP Code						ew A	mended	
	Largo FL 33774				4	Statement (N	l) OR (/	A)	
4.	Party Affiliation	5. Office Soug	ght			rict of Candidate			
	INDEPENDENT	Senate	;		FL	00			
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2023 (year of election)								
	NOTE: This designation should be filed with the appropriate office listed in the instructions.								
	(a) Name of Committee (in full)								
Matthew Sanscrainte									
	(b) Address (number and street) 12291 Mallory Dr								
	(c) City, State, and ZIP Code								
	Largo				FL	33774			
(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) (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				
Sanscrainte, Matthew, Alexander, Mr,			[Electronically Filed]			10/16/2022			
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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FEC FORM 2 (REV. 02/2009)