Image# 202505089760797714 PAGE 1 / 1

FEC FORM 2

STATEMENT OF CANDIDACY

_	())) () () () () () () () ()					
1.	(a) Name of Candidate (in full)					
	Harrison, Raven, , ,					
	(b) Address (number and street) 433 Plaza Real Suite 275	eet)				Candidate's FEC Identification Number H6FL23139
	(c) City, State, and ZIP Code					3. Is This New Amended
	Boco Raton		FL	_ 3343	32	Statement (N) OR (A)
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candidate
	REPUBLICAN PARTY	House			FL	23
	DE	SIGNATIO	N OF PR	INCIPAL	. CAMPAIGI	N COMMITTEE
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)					
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in	the instructions.	
	(a) Name of Committee (in full)					
	THE RAVEN FOR C	ONGRES	SS CAM	PAIGN		
	(b) Address (number and street)					
	41 MADISON AVE SUITE #2	R				
	(c) City, State, and ZIP Code					
	KINGSTON				NY	12401
	DE				THORIZED ng Representativ	COMMITTEES (res)
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	T my princip	oal campaign cor	mmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	aign commit	tee.	
	(a) Name of Committee (in full)					
	(b) Address (number and street)					
	(c) City, State, and ZIP Code					
	(c) City, State, and Zir Code					
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.
Signature of Candidate					Date	
u	annicon Panan					05/09/2025
H	arrison, Raven, , ,					05/08/2025
H	arrison, Raven, , ,					05/08/2025
		or incomplete	information n	nay subject	the person signi	05/08/2025 Ing this Statement to penalties of 2 U.S.C. §437g.
		or incomplete	information n	nay subject	the person signi	
		or incomplete	information n	nay subject	the person signi	

FEC FORM 2 (REV. 02/2009)