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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Diamond, Ben, , , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Ide	ntification Number	
	Post Office Box 76234		neck ii addre	ss changed		H2FL13220	nuncation Number	
	(c) City, State, and ZIP Code						ew Amended	
	St. Petersburg		Fl	_ 3373		Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	DEMOCRATIC PARTY	House			FL	13		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
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)							
	Ben Diamond For C	ongress						
	(b) Address (number and street) Post Office Box 76234							
	(c) City, State, and ZIP Code							
	St. Petersburg				FL	33734		
	DE	SIGNATIO	N OF OT	HED VII	TUODIZED	COMMITTEES		
	DE			_	_			
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 f	iled with the pri	ncipal campa	aign committ	ee.			
	(a) Name of Committee (in full)							
	(b) Address (number and street)							
	(a) / Marioso (marriper and street)	thould be filed with the appropriate office listed in the instructions. In full) I For Congress street) 34 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) owing named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my should be filed with the principal campaign committee. In full) street) ode I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. [Electronically Filed] Date 05/10/2021						
	(c) City, State, and ZIP Code							
	Ben Diamond For Congress Address (number and street) Post Office Box 76234 City, State, and ZIP Code St. Petersburg FL 33734 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) erreby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my nodidacy. DTE: This designation should be filled with the principal campaign committee. Name of Committee (in full) Address (number and street) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Butter of Candidate ond, Ben., [Electronically Filed] Date 05/10/2021							
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						Date		
Di	aamond, Ben, , ,			[Elec	tronically Filed]	05/10/2021		
_								
NO	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)