## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Frankel, Lois, J., ,							
	(b) Address (number and street) PO BOX 812421					Candidate's FEC Identification Number     H2FL14053		
	(c) City, State, and ZIP Code						ew Amended	
	Boca Raton		FL	. 3348	1	Statement (N	) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	DEMOCRATIC PARTY	House			FL	22		
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)  LOIS FRANKEL FOR CONGRESS								
	(b) Address (number and street) P.O. BOX 812421							
	(c) City, State, and ZIP Code							
	BOCA RATON				FL	33481		
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)								
(b) Address (number and street)								
(b) realised (named) and direct)								
(c) City, State, and ZIP Code								
		mined this Stat	ement and to	the best of	my knowledge a	nd belief it is true, correct	and complete.	
Sig	nature of Candidate					Date		
Fre	ankel, Lois, J., ,			[Flec	tronically Filed]	05/17/2022		
				[Eicc	пошищу Гисиј			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								

FEC FORM 2 (REV. 02/2009)