

Image# 202304139580376841

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Frankel, Lois, J., ,			2. Candidate's FEC Identification Number H2FL14053	
(b) Address (number and street) P.O. BOX 480503		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Delray Beach FL 33446		3. Is This Statement	<input type="checkbox"/> New (N)	OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 22		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 480503		
(c) City, State, and ZIP Code Delray Beach FL 33446		

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)		
(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 Frankel, Lois, J., , <i>[Electronically Filed]</i>	Date 04/13/2023
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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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