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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Jackson, Phil, , Dr,			2. Candidate's FEC Identification Number H2FL20266	
(b) Address (number and street) 4371 northlake blvd # 104		☐ Check if address changed		
(c) City, State, and ZIP Code Riviera Beach FL 33407		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 20		

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) PHIL JACKSON FOR CONGRESS COMMITTEE		
(b) Address (number and street) 4371 NORTHLAKE BLVD, #104		
(c) City, State, and ZIP Code PALM BEACH GARDENS FL 33410		

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 Jackson, Phil, , Dr., [Electronically Filed]	Date 07/14/2021
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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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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F2N

Transaction ID :

2022 Special Election.

Form/Schedule:

Transaction ID: