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## FEC FORM 2

## STATEMENT OF CANDIDACY

_	( ) NI								
1.	(a) Name of Candidate (in full)  Crane, Eli, , ,								
	(b) Address (number and street)		hack if addra	se changed		2. Candidate's FEC Identification Number			
	PO Box 1950	☐ Check if address changed				H2AZ01354			
	(c) City, State, and ZIP Code					3. Is This New Amend	led		
	Cortaro		AZ	<u>z</u> 8565	2	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	jht		6. State & Dist	trict of Candidate			
	REPUBLICAN PARTY	House			AZ	02			
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following nar	med political co	mmittee as n	ny Principal (	Campaign Comr	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).			
	NOTE: This designation should be	iled with the ap	propriate offi	ce listed in t	he instructions.				
	(a) Name of Committee (in full)								
	Eli Crane for Congre	ess							
	(b) Address (number and street)								
	PO Box 1950								
	(c) City, State, and ZIP Code						-		
	Cortaro				AZ	85652			
	DE	CICNIATIO	N OF OT	HED ALI	TUODIZED	COMMITTEES			
	DE				g Representativ	COMMITTEES  ves)			
^		·	-			·			
8.	candidacy.	nea committee,	which is ino	i my princip	ai campaign cor	mmittee, to receive and expend funds on behalf of m	У		
	•	وم مراة ماة إن الممان		.i.a.a					
	NOTE: This designation should be f	lied with the pr	іпсіраї сатіра	aign commit	ee. 				
	(a) Name of Committee (in full)								
	VAN ORDEN CRAN	NE VICTO	RY FUN	1D					
	(b) Address (number and street)								
	11972 GREY OAKS PARK RI	).							
	(c) City, State, and ZIP Code								
	GLEN ALLEN				VA	23059			
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.			
Sig	gnature of Candidate					Date			
	rane, Eli, , ,					01/13/2023			
				[Elec	tronically Filed]	01/13/2023			
NC	OTE: Submission of false, erroneous	, or incomplete	information r	nay subject t	he person signir	ng this Statement to penalties of 2 U.S.C. §437g.			
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising Representatives)								
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	VALOR HONOR COUNTRY FUND								
	(b) Address (number and street) 11972 GREY OAKS PARK RD.								
	(c) City, State, and ZIP Code								
	GLEN ALLEN VA 23059								
_									
}.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	CRUZ 25 FOR 22 VICTORY FUND								
	(b) Address (number and street) P.O. BOX 341027								
	(c) City, State, and ZIP Code								
	AUSTIN TX 78734								
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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								
3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf 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								