FEC FORM 2
STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full)		
KROSKE, MICHAEL, T, ,		

(b) Address (number and street) 101 SW 61ST AVE	☐ Check if address changed	2. Candidate's FEC Identification Number H0FL23108

(c) City, State, and ZIP Code PLANTATION	FL 33317	3. Is This Statement	☒ New (N) OR ☐ Amended (A)

4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 23

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the ___2020___ 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)

MICHAEL KROSKE COMMITTEE TO ELECT FOR U S REPRESENTATIVE

(b) Address (number and street)
101 SW 61ST AVE

(c) City, State, and ZIP Code

PLANTATION   FL   33317-3468

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 KROSKE, MICHAEL, TIMOTHY, ,	*[Electronically Filed]*	Date 12/10/2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.