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## STATEMENT OF ORGANIZATION

FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, is changed) over the lines.	
Frank Craft for C	Congress	
ADDRESS (number and street)	405 Central Ave	
<ul> <li>(Check if address is changed)</li> </ul>	<b>#31</b>	
	St. Petersburg	STATE ▲     ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRI	ESS	
(Check if address is changed)	info@craftyourhouse.org	
	Optional Second E-Mail Address  info@frankforcongress.com	
COMMITTEE'S WEB PAGE AL (Check if address is changed)	DDRESS (URL)         https://www.frankforcongress.com/	
2. DATE 04 / 0	<sup>D</sup> / Y Y Y Y 2021	
3. FEC IDENTIFICATION N	UMBER ► C C00776039	
4. IS THIS STATEMENT	NEW (N) OR AMENDE	D (A)
I certify that I have examined t	this Statement and to the best of my knowledge and	belief it is true, correct and complete.
Type or Print Name of Treasure	er Hix, Rachel, , ,	
Signature of Treasurer	Rachel, , , [Electronically F	iled] Date 12 23 2022
NOTE: Submission of false, error	neous, or incomplete information may subject the person ANY CHANGE IN INFORMATION SHOULD BE REP	signing this Statement to the penalties of 52 U.S.C. §30109 ORTED WITHIN 10 DAYS.
Office Use Only	For further infor Federal Election Toll Free 800-424 Local 202-694-11	Commission FEC FORM I I-9530 (Revised 06/2012)

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FE	EC Form 1 (Revised 03/2022)	Page <b>2</b>					
5.	TYPE OF COMMITTEE:						
	Candidate Committee:						
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)						
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
	Name of Craft, Frank, S, , Candidate						
	Candidate Office	State FL					
	Party Affiliation LIB Sought: K House Senate President	District 13					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	Party Committee:       (National, State or subordinate) committee of the       (Democrating the publication of the or subordinate) committee of the	c, ı, etc.) Party					
	Political Action Committee (PAC):						
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:					
	Corporation Corporation w/o Capital Stock	Organization					
	Membership Organization Trade Association Cooper	ative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party					
	In addition, this committee is a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
	(g) This committee is an independent expenditure-only political committee (Super PAC).						

In addition, this committee is a Lobbyist/Registrant PAC.

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

## Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Frank Craft for Congress

6.	Name of Any Connected	Organization,	Affiliated	Committee, Jo	oint Fundraising I	Representative, or	Leadership PAC Sponsor
	Mailing Address						
				CITY <b>▲</b>		STATE A	ZIP CODE
	Relationship: Connect	ed Organization	Affilia	ated Organization	Joint Fundra	aising Representative	e Leadership PAC Sponso

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Hamilton,	John, , , III	
Full Name		
Mailing Address	100 Second Avenue South	
	Suite 701	
	St. Petersburg	FL 33701
		STATE ▲ ZIP CODE ▲
Title or Position ▼		
Chief Counsel	Telephone nu	umber 727 – 822 – 2033

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Hix, Rachel, , ,			
of Treasurer				
Mailing Address	516 12th Ave NE			
	#18 			
	St. Petersburg         FL         33704			
	CITY ▲ STATE ▲ ZIP CODE ▲			
Title or Position ▼				
Treasurer	Telephone number     727     -     735     -     2365			

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Full Name of Designated	Hix, Rachel, , ,		
Agent			
Mailing Address	516 12th Ave NE		
	<b>#18</b>		
	Saint Petersburg	FL 3370	4 
	CITY A	STATE 🔺	ZIP CODE
Title or Position	1		
	I I I I I I I I I I I I I I I Telephone n	number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Re	gions		
Mailing Address	510 Central Ave		
	Saint Petersburg	FL 33701	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depos	itory, etc.		
Mailing Address			
	CITY ▲	STATE A	ZIP CODE