

Image# 202308159596556968

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Krentcil, Patricia, Marie, ,		2. Candidate's FEC Identification Number S4FL00603
(b) Address (number and street) <input type="checkbox"/> Check if address changed 19921 VILLA MEDICI PL		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code BOCA RATON FL 33434		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought Senate	6. State & District of Candidate FL 00

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) Patricia Krentcil for Senate		
(b) Address (number and street) 19921 VILLA MEDICI PL		
(c) City, State, and ZIP Code BOCA RATON FL 33434		

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 Krentcil, Patricia, Marie, Mrs.,	Date 08/15/2023
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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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