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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Feit, Keith, , Dr.,			2. Candidate's FEC Identification Number H2FL21074	
(b) Address (number and street) 1025 Gateway Blvd Suite 303-167		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Boynton Beach FL 33426		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 21		

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) FEIT2022		
(b) Address (number and street) 91 SWALLOW DRIVE		
(c) City, State, and ZIP Code BOYNTON BEACH FL 33436		

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 Feit, Keith, G., Dr., <i>[Electronically Filed]</i>	Date 03/31/2021
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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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