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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Bilirakis, Gus, M, ,			2. Candidate's FEC Identification Number H6FL09070	
(b) Address (number and street) PO Box 606		☐ Check if address changed		
(c) City, State, and ZIP Code Tarpon Springs FL 34688-0606		3. Is This Statement ☐ New (N) OR ☒ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 12		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 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) Bilirakis for Congress		
(b) Address (number and street) PO Box 606		
(c) City, State, and ZIP Code Tarpon Springs FL 34688-0606		

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) Health First Committee		
(b) Address (number and street) PO Box 30844		
(c) City, State, and ZIP Code Bethesda MD 20824-0844		

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 Bilirakis, Gus, M, , [Electronically Filed]	Date 11/23/2016
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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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FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F2A

Transaction ID :

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