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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) GUINTA, FRANK, , ,									
	(b) Address (number and street) PO BOX 877					2. Candidate's FEC Identification Number				
						H0NH01217	Amandad			
	(c) City, State, and ZIP Code MANCHESTER		NH	H 0310	5	3. Is This Statement (N	Amended (A)			
4.	Party Affiliation	5. Office Soug	ht		6. State & Distr	rict of Candidate				
	REPUBLICAN PARTY	House			NH	01				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full) FRIENDS OF FRANK GUINTA									
	(b) Address (number and street) PO BOX 877									
	(c) City, State, and ZIP Code									
	MANCHESTER				NH	03105				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
8.	I hereby authorize the following name candidacy.	ned committee,	which is NO	Γ my princip	al campaign com	nmittee, to receive and ex	pend funds on behalf of my			
	NOTE: This designation should be filed with the principal campaign committee.									
	(a) Name of Committee (in full) PIONEER PROJEC	T								
	(b) Address (number and street) 2470 DANIELS BRIDGE RD S	STE 121								
	(c) City, State, and ZIP Code									
	ATHENS				GA	30606				
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 Date										
G	uinta, Frank, , ,			[Elec	tronically Filed]	10/04/2016				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)			Page 2 / 3
DESIGI	NATION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representative		[ADDITIONAL]
I hereby authorize the following named committe candidacy.	e, which is NOT my principal campaign committee, to re	ceive and expend fund	ls on behalf of my
NOTE: This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full) PATRIOT DAY I 2015			_
(b) Address (number and street) 228 S WASHINGTON ST STE 115			
(c) City, State and ZIP Code			_
ALEXANDRIA	VA	22314	
DESIG	NATION OF OTHER AUTHORIZED CO		[ADDITIONAL]
I hereby authorize the following named committee candidacy.	e, which is NOT my principal campaign committee, to re	eceive and expend func	ds on behalf of my
NOTE:This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
PATRIOT VICTORY 20	16		
(b) Address (number and street) 320 1ST ST SE			
(c) City, State and ZIP Code			
WASHINGTON	DC	20003	
DESIG	NATION OF OTHER AUTHORIZED CO (Including Joint Fundraising Representative		[ADDITIONAL]
I hereby authorize the following named committee candidacy.	e, which is NOT my principal campaign committee, to re	eceive and expend fund	ds on behalf of my
NOTE:This designation should be filed	with the principal campaign committee.		
(a) Name of Committee (in full)			
PATRIOT DAY I 2015			
(b) Address (number and street) 228 S WASHINGTON ST STE 115			
(c) City, State and ZIP Code			
ALEXANDRIA	VA	22314	

(c) City, State and ZIP Code

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) PATRIOT VICTORY 2016 (b) Address (number and street) 320 1ST ST SE (c) City, State and ZIP Code WASHINGTON DC 20003 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my 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 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) 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)