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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) CURBELO, CARLOS, , Mr.,			2. Candidate's FEC Identification Number H4FL26038	
(b) Address (number and street) 8724 SW 72nd St #355		☐ Check if address changed		
(c) City, State, and ZIP Code MIAMI FL 33173		3. Is This Statement ☐ New (N) OR ☒ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 26		

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) CARLOS CURBELO CONGRESS		
(b) Address (number and street) 8724 SW 72ND ST #355		
(c) City, State, and ZIP Code MIAMI FL 33173		

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) CURBELO VICTORY COMMITTEE		
(b) Address (number and street) 824 S. Milledge Ave Ste 101		
(c) City, State, and ZIP Code Athens GA 30605		

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 CURBELO, CARLOS, , Mr., [Electronically Filed]	Date 05/25/2017
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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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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

Rise Project

(b) Address (number and street)

PO Box 2485

(c) City, State and ZIP Code

Springfield

VA

22152

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

MILLENNIAL GOP VICTORY COMMITTEE 2017

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State and ZIP Code

ATHENS

GA

30605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

CURBELO/COSTELLO LEADERSHIP COMMITTEE

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State and ZIP Code

ATHENS

GA

30605

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

PATRIOT DAY I 2017

(b) Address (number and street)

PO BOX 9891

(c) City, State and ZIP Code

ARLINGTON

VA

22219

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

BLUE COLLAR VICTORY FUND

(b) Address (number and street)

PO BOX 9891

(c) City, State and ZIP Code

ARLINGTON

VA

22219

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

PATRIOT DAY II 2017

(b) Address (number and street)

PO BOX 9891

(c) City, State and ZIP Code

ARLINGTON

VA

22219

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

Patriot Day 1 2015

(b) Address (number and street)

228 S Washington St

(c) City, State and ZIP Code

Alexandria

VA

22314-5408

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(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)

(c) City, State and ZIP Code