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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Rosas, Emily, , ,			2. Candidate's FEC Identification Number H0FL01112	
(b) Address (number and street) 6610 Jennifer Drive		☐ Check if address changed		
(c) City, State, and ZIP Code Temple Terrace FL 33617		3. Is This Statement ☒ New (N) OR ☐ Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 01		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) emily rosas		
(b) Address (number and street) 6610 Jennifer Dr		
(c) City, State, and ZIP Code Temple Terr FL 33617		

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 Rosas, Emily, , , [Electronically Filed]	Date 11/13/2017
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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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