

Image# 202006019239591212

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) McCorriston, Byron, , Mr,		2. Candidate's FEC Identification Number HOHI02247
(b) Address (number and street) <input type="checkbox"/> Check if address changed 1687 Kalaauokalani Way STE A PMB 137		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Honolulu HI 96814		
4. Party Affiliation NON	5. Office Sought House	6. State & District of Candidate HI 02

### 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) FRIENDS OF MCCORRISTON FOR CONGRESS		
(b) Address (number and street) 1687 KALAUOKALANI WAY STE A PMB 137		
(c) City, State, and ZIP Code HONOLULU HI 96814		

### 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 McCorriston, Byron, , Mr,  <i>[Electronically Filed]</i>	Date 06/01/2020
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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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