

Image# 202307179583773249

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Castelli, Robert, Christian, ,			2. Candidate's FEC Identification Number H2NC07161	
(b) Address (number and street) PO Box 41225		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Greensboro NC 27404		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate NC 06		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) <b>COMMITTEE TO ELECT CHRISTIAN CASTELLI</b>		
(b) Address (number and street) PO BOX 41225		
(c) City, State, and ZIP Code GREENSBORO NC 27404		

### 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>BILIRAKIS-CASTELLI VICTORY FUND</b>		
(b) Address (number and street) PO BOX 606		
(c) City, State, and ZIP Code TARPON SPRINGS FL 34688		

*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 Castelli, Robert, Christian, ,  <i>[Electronically Filed]</i>	Date 07/17/2023
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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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