

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) MIKE MASSARO			
(b) Address (number and street) 6813 THOMAS CIRCLE		2. Identification Number H6FL11183	
(c) City, State and ZIP Code TAMPA FL 33610		3. Is This Statement ☒ New (N) ☐ Amended (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 11	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 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) Massaro for Congress	
(b) Address (number and street) Post Office Box 21041	
(c) City, State and ZIP Code Tampa FL 33622	

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	

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.6) by

9A	0.00	for the primary election, and
9B	0.00	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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 MIKE MASSARO	Date 02/09/2006
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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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