

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) DAVISI John Imperato		2. FEC Candidate Identification Number P80002975
(b) Address (number and street) <input type="checkbox"/> Check if address changed 529 South Flagler Av 29R		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code W.P.B. FL 33401		
4. Party Affiliation Republican	5. Office Sought President	6. State & District of Candidate Florida Palm Beach

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) Imperato For President 2024 inc
(b) Address (number and street) 529 South Flagler Av. 29 F
(c) City, State, and ZIP Code West Palm Beach Florida 33401

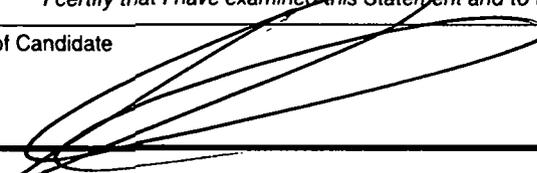
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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) T/B/D
(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 	Date 7/21/2023
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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2025 RELEASE UNDER E.O. 14176

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

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

NONPROFIT CORPORATION

Parents For Progress

Parents For Progress

529 S. Florida

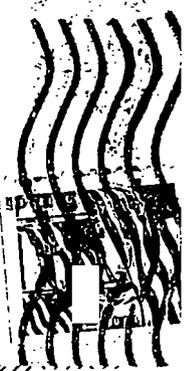
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PREPARER

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DATE PREPARED

8/7/23

(4/2023)

FEDERAL ELECTION COMMISSION