

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

|                                                                                                                           |                                                                 |                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>Brian Patrick Stach</b>                                                          |                                                                 | 2. FEC Candidate Identification Number                                                        |
| (b) Address (number and street) <input checked="" type="checkbox"/> Check if address changed<br><b>3914 Redondo Place</b> |                                                                 |                                                                                               |
| (c) City, State, and ZIP Code<br><b>Alexandria, Virginia 22309</b>                                                        |                                                                 | 3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>Bread and Roses Democrat</b>                                                                   | 5. Office Sought<br><b>U.S.A. President, Commander in Chief</b> | 6. State & District of Candidate                                                              |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the \_\_\_\_\_ 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)  
**Brian Patrick Stach**

(b) Address (number and street)  
**David Thurnes and Brian Patrick Stach**

(c) City, State, and ZIP Code  
**Alexandria, Virginia 22309**  
**571-726-5357**

**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<br><b>Brian Patrick Stach</b> | Date<br><b>7/02/2026</b> |
|------------------------------------------------------|--------------------------|

**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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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

*None Please*

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

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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)

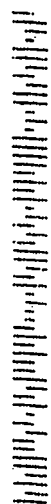
(c) City, State, and ZIP Code

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code



Roberto F. Cruz  
Arlington, Virginia, 22309



Federal Election Commission  
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N.E. Washington, DC  
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| ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS                                                |                               |                          |
| The FEC added this page to the end of this filing to indicate how it was received.              |                               |                          |
| <input type="checkbox"/> Hand Delivered                                                         | Date of Receipt               |                          |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Date of Receipt<br>7/17/26    |                          |
| <input type="checkbox"/> USPS Registered/Certified                                              | Postmarked (R/C)              |                          |
| <input type="checkbox"/> USPS Priority Mail                                                     | Postmarked                    |                          |
| <input type="checkbox"/> USPS Priority Mail Express                                             | Postmarked                    |                          |
| <input type="checkbox"/> Postmark Illegible                                                     |                               |                          |
| <input type="checkbox"/> No Postmark                                                            |                               |                          |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                 | Date of Receipt          |
|                                                                                                 | Next Business Day Delivery    | <input type="checkbox"/> |
| <input type="checkbox"/> Received via FAX                                                       | Date of Receipt               |                          |
| <input type="checkbox"/> Received via Email                                                     | Date of Receipt               |                          |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt               |                          |
| <input type="checkbox"/> Other (Specify):                                                       | Date of Receipt or Postmarked |                          |
| <br>PREPARER | 7/20/26<br>DATE PREPARED      |                          |

(4/2023)