## FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 1

| 1. (a) Name of Candidate (in full)  |                            |                  |                 |                  |   |                         |                 |                      |
|---|----------------------------|------------------|-----------------|------------------|---|-------------------------|-----------------|----------------------|
| Rooney, Francis, , ,  |                            |                  |                 |                  |   |                         |                 |                      |
| (b) Address (number and street)<br>610 S. Boulevard   | □ Check if address changed |                  |                 |                  | 2. Candidate's FEC Identification Number<br>H6FL19087 |                         |                 |                      |
| (c) City, State, and ZIP Code   |                            |                  |                 |                  | 3. Is This  | Nev                     | V               | Amended              |
| Tampa   |                            | FL               | 3360            | 6                | Stateme   | ent (N)                 | OR              | <b>×</b> (A)         |
| 4. Party Affiliation  | 5. Office Sough            | ıt               |                 | 6. State & Dist  | rict of Candida                                       | ate                     |                 |                      |
| REPUBLICAN PARTY  | House                      |                  |                 | FL               | 19  |                         |                 |                      |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |                            |                  |                 |                  |   |                         |                 |                      |
| 7. I hereby designate the following nar   | ned political con          | nmittee as m     | ny Principal (  | Campaign Comr    | -   | 2020<br>(year of electi | election<br>on) | n(s).                |
| NOTE: This designation should be f  | led with the app           | oropriate office | ce listed in tl | he instructions. |   |                         |                 |                      |
| (a) Name of Committee (in full)   |                            |                  |                 |                  |   |                         |                 |                      |
| Rooney for Congres  | S                          |                  |                 |                  |   |                         |                 |                      |
| (b) Address (number and street)<br>610 S. Boulevard   |                            |                  |                 |                  |   |                         |                 |                      |
| (c) City, State, and ZIP Code   |                            |                  |                 |                  |   |                         |                 |                      |
| Tampa   |                            |                  |                 | FL               | 33606   |                         |                 |                      |
| <ul> <li>8. I hereby authorize the following name candidacy.</li> <li>NOTE: This designation should be f</li> <li>(a) Name of Committee (in full)</li> <li>Rooney Victory</li> <li>(b) Address (number and street)</li> <li>610 S. Boulevard</li> </ul> |                            |                  |                 |                  |   |                         |                 |                      |
|   |                            |                  |                 |                  |   |                         |                 |                      |
| (c) City, State, and ZIP Code   |                            |                  |                 |                  |   |                         |                 |                      |
| Tampa   |                            |                  |                 | FL               | 33606   |                         |                 |                      |
| I certify that I have exa   | mined this State           | ment and to      | the best of     | my knowledge a   | nd belief it is t                                     | true, correct a         | nd comple       | te.                  |
| Signature of Candidate  |                            |                  |                 |                  | Date  |                         |                 |                      |
| Rooney, Francis, , ,  |                            |                  |                 |                  |   | 8                       |                 |                      |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.   |                            |                  |                 |                  |   |                         |                 |                      |
|   |                            |                  |                 |                  |   |                         |                 |                      |
|   |                            |                  |                 |                  |   |                         |                 |                      |
|   |                            |                  |                 |                  |   |                         | FEC             | FORM 2 (REV. 02/2009 |