## FEC FORM 2 STATEMENT OF CANDIDACY

RECEIVED

com 14M 13 AA 12:50
1) Name of Candidate (in full) EMPTO CAFAI
(b) Address number and street)  Check if address changed
TC) City, State and ZIP Code Statement (N) OR (A)
Party Affiliation 5-Office Sought 6-State & District of Candidate  THE STORM FOR THE STORM THE S
↓ DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election) election(s).
NOTE: This designation should be filed with the appropriate office listed in the instructions.
O(a) Name of Committee (in full)  HESTORY ENDERGO ALSON
(b) Address (number and street)  OUANTA AVE C-3
CC City, State, and ZIP Code  THE STATES TO STATE OF THE STATES TO
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)
MESTOEN [ MIETOR ( MESA!
(b) Address (number and street)  1 D O O UANTA AVE C-3
Tel-City, State and RIP Code  THE STATE ST
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  Date
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.
9-00068 FEC FORM 2 (REV. 02/2009)

## 2020 - 01 - 14 - 0M - 00M05452

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	

## **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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.
(a) Name of Committee (in full)  (b) Address (number and streat)
60 City State, and ZIP Code City State, and ZIP Code
FTM YES FLA 33908
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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.
AName of Committee (in full)  WEST AESU  AESU
(b) Address (mymber and street)  UAVITA AVE C-3
C) City, State, and ZIP Code FA, 3395
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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.
ANAME OF COMMITTEE (In full)  THE START EMPEROY CAESA!
(b) Address (number and street)  (c) City, State, and ZIB Code
F7 Myto, F14,33908
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)  The period of Committee (in full)  The period of Committee (in full)  The period of Committee (in full)
(b) Address (number and street)  TUANTA AVE C-3

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