

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2019 SEP 27 AM 11:25

1. (a) Name of Candidate (in full) <b>Dr. Piotr Blass</b>		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>113 W. Tara Lakes</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <b>Boynton Beach, FL. 33436</b>		
4. Party Affiliation <b>Republican</b>	5. Office Sought <b>U.S. House of Representatives</b>	6. State & District of Candidate <b>Florida, District 21</b>

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) <b>BLASS FOR CONGRESS</b>
(b) Address (number and street) <b>113 W. Tara Lakes, Boynton Beach, FL. 33436-6763</b>
(c) City, State, and ZIP Code

### 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 <b>Dr Piotr Blass</b>	Date <b>9/20/19</b>
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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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NOT FOR POSTAL DELIVERY

Dr. Pict Glass  
113. W. Tamar Lakes  
Boynton Bch. FL 33436

Form

**ALL FINANCES TRAYED BY FEC SECURITY**

Federal Election Commission  
1050 First Street, NE,  
Washington, DC 20463

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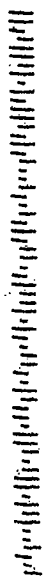


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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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BEW S PREPARER (3/2015)	<i>9-27-2019</i> DATE PREPARED
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