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Image# 202109179466711485

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Aquino, Darren, Dione, Mr.,						
	(b) Address (number and street) 8688 Addison Place Circle apt 406	☐ Check if address changed			Candidate's FEC Identification Number H0FL19163		
	(c) City, State, and ZIP Code				3. Is This New Amende	ed De	
	Naples	FL 34119		9	Statement (N) OR (A)		
4.	Party Affiliation	5. Office Sought		6. State & Dist	trict of Candidate		
	REPUBLICAN PARTY	House		FL	25		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)						
	NOTE: This designation should be filed with the appropriate office listed in the instructions.						
	(a) Name of Committee (in full) AQUINO4CONGRE	SS					
	(b) Address (number and street) 8688 ADDISON PLACE CIRC UNIT 406	LE					
	(c) City, State, and ZIP Code						
	NAPLES			FL	34119		
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.	iod dominitios, which is the	Tilly pillop	ar campaigir cor	minutes, to receive und expend funds on behalf of my		
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						
	(c) City, State, and ZIP Code						
	I certify that I have exa	mined this Statement and to	o the best of	my knowledge a	and belief it is true, correct and complete.		
Sig	I certify that I have exa	mined this Statement and to	o the best of	my knowledge a	and belief it is true, correct and complete. Date		
Sig	I certify that I have exa	mined this Statement and to		my knowledge a	Date 00/47/0004		
Sig Aq	I certify that I have exa gnature of Candidate uino, Darren, Dione, Mr.,		[Elect	ronically Filed]	Date 00/47/0004		
Sig Aq	I certify that I have exa gnature of Candidate uino, Darren, Dione, Mr.,		[Elect	ronically Filed]	Date 09/17/2021		

FEC FORM 2 (REV. 02/2009)