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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Troen, Kirk, , ,							
	(b) Address (number and street) 1055 Hawthorne Cove Dr.	☐ Check if address changed				Candidate's FEC Identification Number H0FL10089		
	(c) City, State, and ZIP Code						ew Amended	
	Ocoee FL 34761				1	Statement (N	I) OR (A)	
4.	Party Affiliation	5. Office Soug	ht			rict of Candidate		
	REPUBLICAN PARTY	House			FL	10		
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Troen for Congress							
	(b) Address (number and street) 1055 Hawthorne Cove Dr.							
	(c) City, State, and ZIP Code							
	Ocoee				FL	34761		
 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 exa	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct	and complete.	
Si	gnature of Candidate					Date		
Ti	roen, Kirk, , 1957,			[Elec	tronically Filed]	04/18/2019		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
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FEC FORM 2 (REV. 02/2009)