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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. (a)  | Name of Candidate (in full)  |                        |                    |               |                 |  |                    |  |
|---|--|------------------------|--------------------|---------------|-----------------|--|--------------------|--|
| 71. \   | Shapiro, M., David, ,  |                        | h a al : if = -1-2 | aa abs::::: ' |                 | O Condidate - FFO ! !                              | atification Number |  |
| (b)   | Address (number and street)   Check if address changed  5212 Siesta Cove Drive   |                        |                    |               |                 | 2. Candidate's FEC Identification Number H8FL16055 |                    |  |
| (c)   | City, State, and ZIP Code  |                        |                    |               |                 |  | ew Amended         |  |
|   | Sarasota   |                        | FL                 | _ 3424        |                 | Statement (N                                       | I) OR (A)          |  |
|   | rty Affiliation  | 5. Office Soug         | ht                 |               |                 | rict of Candidate                                  |                    |  |
|   | EMOCRATIC PARTY  | House                  |                    |               | FL              | 16   |                    |  |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE   |  |                        |                    |               |                 |  |                    |  |
| 7. Ih   | 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) |                        |                    |               |                 |  |                    |  |
| NOTE: This designation should be filed with the appropriate office listed in the instructions.  |  |                        |                    |               |                 |  |                    |  |
| (a) Name of Committee (in full)   |  |                        |                    |               |                 |  |                    |  |
| David Shapiro for Congress  |  |                        |                    |               |                 |  |                    |  |
| (b)   | Address (number and street) 5212 Siesta Cove Drive   |                        |                    |               |                 |  |                    |  |
| (c)   | City, State, and ZIP Code  |                        |                    |               |                 |  |                    |  |
|   | Sarasota   |                        |                    |               | FL              | 34242  |                    |  |
| DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)   |  |                        |                    |               |                 |  |                    |  |
| (modaling context and along respicoentalities)  |  |                        |                    |               |                 |  |                    |  |
| 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   |  |                        |                    |               |                 |  |                    |  |
|   |  |                        |                    |               |                 |  |                    |  |
|   | Loortify that I have ave   | uminad this Ctat       | comont and to      | the best of   | my knowledge s  | and haliaf it is true, some                        | and complete       |  |
| <u> </u>  |  | mineu mis Stat         | emem and to        | uie pest of   | пту кномтеаде а | nd belief it is true, correct                      | ани сотпрівів.     |  |
| _   | ature of Candidate   | [Electronically Filed] |                    |               |                 | Date   |                    |  |
| Shapi   | ro, M. David, , ,  |                        |                    |               |                 | 10/14/2017   |                    |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.             |  |                        |                    |               |                 |  |                    |  |
|   |  |                        |                    |               |                 |  |                    |  |
|   |  |                        |                    |               |                 |  |                    |  |
| 1   |  |                        |                    |               |                 |  |                    |  |

FEC FORM 2 (REV. 02/2009)