

Image# 202404169633413714

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Branda, Paola, , Dr.,			2. Candidate's FEC Identification Number H4FL22177	
(b) Address (number and street) 935 Briarwood Drive		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Haverhill FL 33415		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate FL 22		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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) Paola Branda For House of Representative District 22.	
(b) Address (number and street) 935 Briarwood Drive	
(c) City, State, and ZIP Code Haverhill FL 33415	

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 Branda, Paola, , Dr.,	Date 04/16/2024
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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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