

Image# 202601289794259718

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Liccione, John, William, ,		
(b) Address (number and street) 1497 Main St. Ste 196		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Dunedin		2. Candidate's FEC Identification Number H4FL13176
4. Party Affiliation DEMOCRATIC PARTY		3. Is This Statement <input type="checkbox"/> New (N) <input checked="" type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate FL      13

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 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)

**JOHN LICCIONE FOR PINELLAS**

(b) Address (number and street)

1497 MAIN ST  
SUITE 196

(c) City, State, and ZIP Code

DUNEDIN      FL      34698

### 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 Liccione, John, William, ,	Date 01/28/2026
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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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