

Image# 201911209165667806

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) AARONS, ADAM, , ,		2. Candidate's FEC Identification Number H0FL21102
(b) Address (number and street) <input type="checkbox"/> Check if address changed 720 LUCERNE AVE PO BOX 1069		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code LAKE WORTH FL 33460		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 21

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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) ADAM AARONS FOR CONGRESS	
(b) Address (number and street) 720 LUCERNE AVE PO BOX 1069	
(c) City, State, and ZIP Code LAKE WORTH FL 33460	

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 AARONS, ADAM, , , <i>[Electronically Filed]</i>	Date 11/20/2019
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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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