

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) BRYAN K. CURRO		2. FEC Candidate Identification Number
(b) Address (number and street) 5010 76th ST E		☐ Check if address changed
(c) City, State, and ZIP Code BICADENTON, FL 34203		3. Is This Statement ☒ New (N) OR ☐ Amended (A)
4. Party Affiliation INDEPENDENT	5. Office Sought PRESIDENT	6. State & District of Candidate FLORIDA

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) BRYAN CURRO'S RUN FOR PRESIDENT
(b) Address (number and street) P.O. BOX 51561
(c) City, State, and ZIP Code SARASOTA, FL 34232

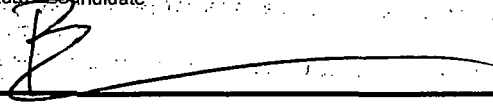
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

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 	Date 3/20/18
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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NOTES ON CAMPAIGN FINANCING

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

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

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

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

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

	CITY	STATE	ZIP CODE
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Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

- Full Name _____
- Mailing Address _____

_____ - _____
- Title or Position _____
- CITY STATE ZIP CODE

Telephone number []-[]-[]

- Full Name
of Treasurer CYDIA HOLLAND
- Mailing Address
PO BOX 51561
- SARASOTA FL 34231
- CITY STATE ZIP CODE

Treasurer _____ Telephone number _____-_____-_____

Telephone number - -

Jessica Crane

15805 Sagebroke Dr

Park City

WIT

84060

Campaign Manager

_____-_____-_____

- Name of Bank, Depository, etc.

A horizontal number line with vertical tick marks. The line starts at 0 on the left and ends at 100 on the right. There are major tick marks at intervals of 10, labeled 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100. The number 100 is written at the far right end of the line.

ZIP CODE

[illegible]

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number C
 FEC ID number C
 FEC ID number C
 FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 Telephone Number _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.Name of Bank,
Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

20180410MOM000000001



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Federal Election Commission
1050 Hurst St, NE
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B. Wright
P.O. Box 51561
Sacramento CA 95832

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☐ Other (Specify):	Date of Receipt or Postmarked
ES PREPARER (3/2015)	4/23/18 DATE PREPARED

2018-04-24 11:01 AM EDT