FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1 / 2

1. (a) Name of Candidate (in full)						
Spano, Vincent, Ross, , (b) Address (number and street)	Choole # 1	ddroop at	angod		2. Candidate's FEC Identification Number	
P.O. Box 423	Check if address changed				H8FL15230	
(c) City, State, and ZIP Code			ac = :		3. Is This New Amended	
Seffner		FL	33584		Statement (N) OR X (A)	
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House			6. State & Distr	rict of Candidate 15	
REFUBLICAN FARTT	Tiouse				15	
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 f	led with the appropriat	e office lis	sted in th	e instructions.		
(a) Name of Committee (in full) ROSS SPANO FOR	CONGRESS					
(b) Address (number and street) P.O. BOX 423						
(c) City, State, and ZIP Code						
SEFFNER				FL	33584	
 8. I hereby authorize the following name candidacy. NOTE: This designation should be find the following of Committee (in full) Miller Spano Webbe 	ed committee, which is	s NOT my	principa		es) nmittee, to receive and expend funds on behalf of my	
(b) Address (number and street) 228 S. Washington Street						
Suite 115						
(c) City, State, and ZIP Code						
Alexandria				VA	22314	
I certify that I have exa	mined this Statement a	and to the	best of ı	my knowledge a	nd belief it is true, correct and complete.	
Signature of Candidate					Date	
Spano, Vincent, Ross, ,			[Elect	ronically Filed]	02/07/2019	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.						
		I		1	FEC FORM 2 (REV. 02/20	

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FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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)					
TAKE BACK THE HOUSE 2020					
(b) Address (number and street) PO BOX 30844					
(c) City, State, and ZIP Code		20204-0044			
BETHESDA	MD	20824-0844			

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.

Address (number and street)	
City, State, and ZIP Code	_
Uity, Olale, and Zhi Oode	

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)

(a) Name of Committee (in full)

(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