

FEC FORM 2
STATEMENT OF CANDIDACY

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FEC MAIL CENTER

2021 MAY 13 PM 1:31

1. (a) Name of Candidate (in full) <u>JAMES PARIS FIRMANI JR</u>		2. FEC Candidate Identification Number <u>CDD778621</u>
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>7210-32ND AVENUE</u>		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code <u>KENDASHA, WI 53142</u>		
4. Party Affiliation <u>REPUBLICAN</u>	5. Office Sought <u>PRESIDENT</u>	6. State & District of Candidate

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ 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) <u>REPUBLICAN (GOP)</u>
(b) Address (number and street) <u>310 FIRST STREET SE, WASHINGTON, DC 20003</u>
(c) City, State, and ZIP Code <u>WASHINGTON, DC 20003</u>

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 <u>James P. Firmani</u>	Date <u>05/11/2021</u>
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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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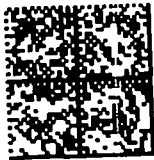
PRESS FIRMLY TO SEAL



PRESS FIRM

CPU

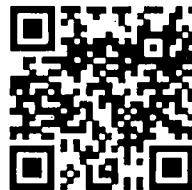
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\$26.35
EXFL 0007
Orig: 53142 MS
Dest: 20463
05/11/21
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CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
JIM FIRMANI
7210-32ND AVENUE
KENOSHA, WI 53142
PHONE (808) 551-3894

DELIVERY OPTIONS (Customer Use Only)
☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
Delivery Options
☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)
FEDERAL ELECTION COMMITTEE
1050 FIRST ST. N.E.
WASHINGTON, DC 20463
PHONE ()
ZIP + 4® (U.S. ADDRESSES ONLY)
20463

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ORIGIN (POSTAL SERVICE USE ONLY)		POSTAGE	
PO ZIP Code	Scheduled Delivery Date (MM/DD/YYYY)	1-Day	2-Day
53142	5-12-21	<input type="checkbox"/>	<input type="checkbox"/>
Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COD Fee
5/11/21	10:30 AM <input type="checkbox"/> 12:00 NOON <input checked="" type="checkbox"/>	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
11 AM <input type="checkbox"/> PM <input type="checkbox"/>	\$	\$	\$
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees	
\$	\$		
Weight	Acceptance Employee Initials		
1.8 lbs	CM		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature	
Delivery Attempt (MM/DD/YYYY)	Time	Employee Signature	

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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

☐ Hand Delivered USPS First Class Mail

Date of Receipt

☐ USPS Registered/Certified

Postmarked (R/C)

 USPS Priority Mail

Postmarked

05-11-21

☐ USPS Priority Mail Express

Postmarked

☐ Postmark Illegible

☐ No Postmark☐ Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt _____

☐ Received from Electronic Filing Office

Date of Receipt

☐ Other (Specify):

Date of Receipt or Postmarked

PREPARER

05/14/21
DATE PREPARED

(3/2015)