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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Oristian, Michael, Patrick, ,							
	(b) Address (number and street) 970 Seacoast Drive Ste 7	☐ Check if address changed				Candidate's FEC Identification Number H0CA53214		
	(c) City, State, and ZIP Code						New Amended	
	Imperial Beach		CA	91932	2	Statement X	(N) OR (A)	
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
	REPUBLICAN PARTY	House			CA	53		
	DE	SIGNATION	OF PRIN	CIPAL	CAMPAIGN	N COMMITTEE		
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
	Oristian for Congres	S						
	(b) Address (number and street)							
	970 Seacoast Drive							
	Ste 7							
	(c) City, State, and ZIP Code							
	Imperial Beach				CA	91932		
	DE	CICNIATION	OF OTHE	-D A I I I	THORIZED.	COMMITTEES		
	DE				Representativ	COMMITTEES		
		(IIIC	Juding John 1	ununaisin	g itepresentativ	6 3)		
8.	I hereby authorize the following name candidacy.	ed committee, w	hich is NOT m	ny principa	al campaign con	nmittee, to receive and e	expend funds on behalf of my	
	NOTE: This designation should be f	led with the princ	ipal campaigr	committe	e.			
_	(a) Name of Committee (in full)							
	,							
	(b) Address (number and street)							
	() 0 ; 0 ; 1 7 1 7 0 1							
	(c) City, State, and ZIP Code							
	(c) City, State, and ZIP Code							
		mined this States	nant and to th	o host of	my knowlodgo a	and holiafit is true corre	at and complete	
_	I certify that I have exa	mined this Staten	nent and to th	e best of ı	ny knowledge a	and belief it is true, correc	ct and complete.	
	I certify that I have exa	mined this Stater	nent and to th	e best of ı	my knowledge a	nd belief it is true, correc	ct and complete.	
	I certify that I have exa	mined this Stater	nent and to th				ct and complete.	
	I certify that I have exa	mined this Stater	nent and to th		my knowledge a	Date	ct and complete.	
	I certify that I have exa	mined this Stater	nent and to th			Date	ct and complete.	
0	I certify that I have exa			[Elect	ronically Filed]	Date 12/09/2019		
0	I certify that I have exa gnature of Candidate ristian, Michael, Patrick, ,			[Elect	ronically Filed]	Date 12/09/2019		
0	I certify that I have exa gnature of Candidate ristian, Michael, Patrick, ,			[Elect	ronically Filed]	Date 12/09/2019		

FEC FORM 2 (REV. 02/2009)