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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	ELLIOTT, PAUL, SIDNEY, , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number	
_	P O BOX 274204					H0FL14131	
	(c) City, State, and ZIP Code TAMPA		FL	33688	3-4204	3. Is This New Amended Statement (N) OR (A)	
4.	Party Affiliation	5. Office Sough	nt		6. State & Dist	rict of Candidate	
	REPUBLICAN PARTY	House			FL	14	
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE						
7.	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) PAUL SIDNEY ELLIOTT COMMITTEE TO MAKE FL 14 & AMERICA GREAT AGAIN						
	(b) Address (number and street) P O BOX 274204						
	(c) City, State, and ZIP Code						
	TAMPA				FL	33688-4204	
 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						
_		mined this State	ement and to	the best of r	ny knowledge a	and belief it is true, correct and complete.	
	I certify that I have exa	mined this State	ement and to	the best of r	ny knowledge a	and belief it is true, correct and complete. Date	
	I certify that I have exa	mined this State	ement and to		ny knowledge a ronically Filed]	Date 07/44/0000	
E	I certify that I have exa ignature of Candidate ILLIOTT, PAUL, SIDNEY, ,			[Electi	onically Filed]	Date 07/44/0000	

FEC FORM 2 (REV. 02/2009)