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FEC FORM 2 STATEMENT OF CANDIDACY

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16 MAY 25 PM 3:02

1. (a) Name of Candidate (in full) Basil Edward Dalack		<input type="checkbox"/> Check if address changed	2. Identification Number S6FL00459
(b) Address (number and street) 225 Golfview Drive			
(c) City, State, and ZIP Code Tequesta, Florida 33469-1922		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation No Party Affiliation	5. Office Sought United States Senator	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 2016 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)
Committee To Elect Florida's Peace Candidate, Basil E. Dalack, To The United States Senate

(b) Address (number and street)
P.O. Box 3683

(c) City, State, and ZIP Code
Tequesta, Florida 33469

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.

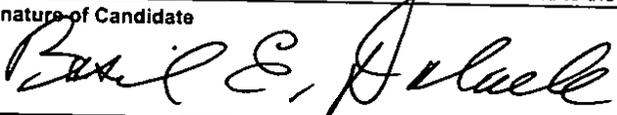
NOTE: This designation should be filed with the principal campaign committee.

(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 May 22, 2016
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 12/2008)

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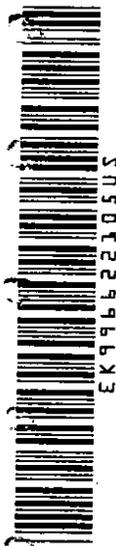
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Date Accepted (MM/DD/YYYY)	Scheduled Delivery Time	Insurance Fee	COO Fee	
	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM			
	<input type="checkbox"/> 12 NOON	Return Receipt Fee	Live Animal Transportation Fee	
Time Accepted	10:30 AM Delivery Fee			
	<input type="checkbox"/> AM <input type="checkbox"/> PM			
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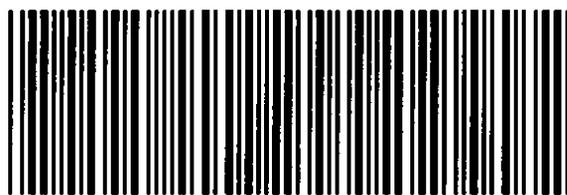
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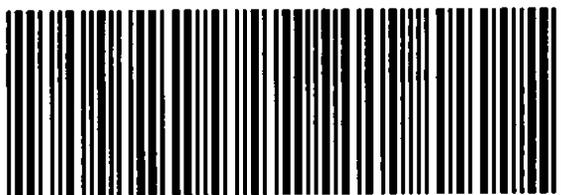
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