

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <b>YINKA ABOSEDE ADESHINA</b>		FEC MAIL CENTER	
(b) Address (number and street) <b>1621 CROSS POINT WAY</b>		2. Candidate's FEC Identification Number	
(c) City, State, and ZIP Code <b>TALLAHASSEE FLORIDA 32308</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>PRESIDENT</b>	6. State & District of Candidate <b>FLORIDA. LEON COUNTY</b>	

**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) <b>YINKA ABOSEDE ADESHINA FOR PRESIDENT</b>	
(b) Address (number and street) <b>1621 CROSS POINT WAY</b>	
(c) City, State, and ZIP Code <b>TALLAHASSEE, FLORIDA 32308</b>	

**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 <b>Yinka Adeshina</b>	Date <b>Dec 24th, 2013</b>
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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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Adeshina  
164 Cross Point  
Tallahassee, FL 32308

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FEDERAL Election Commission  
FEC

999 E. STREET NW

WASHINGTON D.C. 20542



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