

Chris Ritchie, Campaign Finance Analyst

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Oct. 7 2015
2015 OCT 14 PM 12: 50

Thank You very much for your kind and professional help it this matter.



Dr. Jack Shepard

contact@jackshepard.net

Skype 651 222 9838

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FEC FORM 2
STATEMENT OF CANDIDACY

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| | | | |
|---|--------------------------------------|--|--|
| 1. (a) Name of Candidate (in full) JACK EDWARD SHEPARD | | | 2. FEC Candidate Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed VIA ROMUALDO MARENCO 20 | | | |
| (c) City, State, and ZIP Code ROME, ITALY 00124 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) | |
| 4. Party Affiliation DEMOCRATIC PARTY | 5. Office Sought PRESIDENT | 6. State & District of Candidate MN | |

WWW.JACKSHEPARD.NET

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.

IDENTIFICATION NO. C00433367

| |
|--|
| (a) Name of Committee (in full) JACK SHEPARD FOR PRESIDENT EXPLORATORY COMMITTEE |
| (b) Address (number and street) VIA ROMUALDO MARENCO 20 A |
| (c) City, State, and ZIP Code ROME, ITALY 00124 |

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 Dr. Jack Edward Shepard | Date OCT 7, 2015 |
|--|----------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

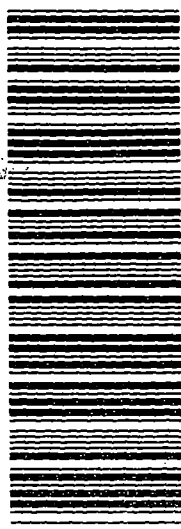
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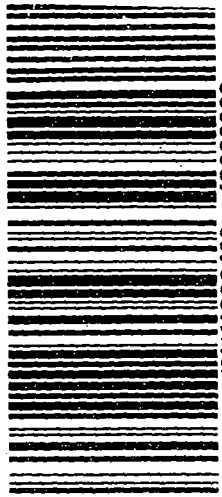
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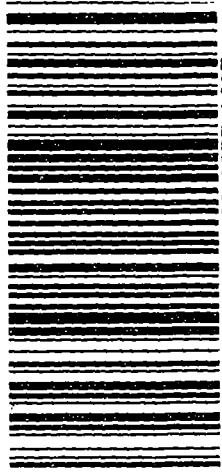
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Company name: SHIPPER

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10/14/15

DATE PREPARED

(3/2015)

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