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## **FEC FORM 2**

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) BRUCE L POLIQUIN										
	(b) Address (number and street) 123 Snow Pond Rd	☐ Check if address changed				Candidate's FEC Identification Number     H4ME02234					
_	(c) City, State, and ZIP Code	City, State, and ZIP Code				3. Is This	New			Amended	
	OAKLAND		ME	0496	3	Statement	<b>X</b> (N)	OR	Ш	(A)	
4.	Party Affiliation	5. Office Soug	jht		6. State & Distr	rict of Candidate					
	Rep	House			ME	02					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) POLIQUIN FOR CONGRESS											
	(b) Address (number and street) PO BOX 50										
	(c) City, State, and ZIP Code										
	OAKLAND				ME	04963					
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) Pioneer Project										
	(b) Address (number and street) 2470 Daniell's Bridge Rd Ste	121									
	(c) City, State, and ZIP Code										
	Athens				GA	30606					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
	gnature of Candidate					Date					
B	RUCE L POLIQUIN			[Elec	tronically Filed]	02/03/2015					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											
		1									

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