

Image# 15951128550

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mr John Louis Raffone			2. Candidate's FEC Identification Number P60006707	
(b) Address (number and street) 6465 142nd ave		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Clearwater FL 33760		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Presidential	6. State & District of Candidate		

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) trucking party for John Raffone		
(b) Address (number and street) 6465 142nd ave		
(c) City, State, and ZIP Code clearwater FL 33760		

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 John Raffone <i>[Electronically Filed]</i>	Date 04/14/2015
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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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