

FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) VALMA KITTINGTON		2. FEC Candidate Identification Number
(b) Address (number and street) <input type="checkbox"/> Check if address changed 79 RANDOLPH STREET		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code MIDLAND CITY, AL 36350		6. State & District of Candidate ALABAMA & DISTRICT 2
4. Party Affiliation REPUBLICAN	5. Office Sought PRESIDENT	

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) KITTINGTON ELECTION COMMITTEE
(b) Address (number and street) P O BOX 51 HIGHWAY 134
(c) City, State, and ZIP Code PINCKARD, AL 36371

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 SEPT 29, 2015
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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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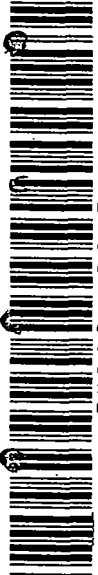
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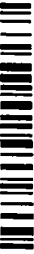
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PO ZIP Code 36371	Scheduled Delivery Date (MM/DD/YY) 10-2-15	Postage	
Date Accepted (MM/DD/YY) 10-1-15	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input checked="" type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON	Insurance Fee	COD Fee
Time Accepted 9:15	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
Weight 2 lbs.	Sunday/Holiday Premium Fee	Total Postage & Fees	\$ 19
APR 23 2015	Employee Initials		
DELIVERY (POSTAL SERVICE USE ONLY)		Employee Signature	
Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY) Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER 
(3/2015)

DATE PREPARED
10/2/15

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