

FEC FORM 2

STATEMENT OF CANDIDACY

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2015 JUL 17 AM 8:31

1. (a) Name of Candidate (in full) <i>Todd Norman DuBon</i>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>42530 Wynstone dr</i>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <i>Prairieville, LA 70769</i>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <i>Republican</i>	5. Office Sought <i>President</i>	6. State & District of Candidate <i>LA and Louisiana's 6th congressional district</i>

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)
None

(b) Address (number and street)

(c) City, State, and ZIP Code

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)
None

(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 <i>Todd N DuBon</i>	Date <i>9 Jul 15</i>
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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.

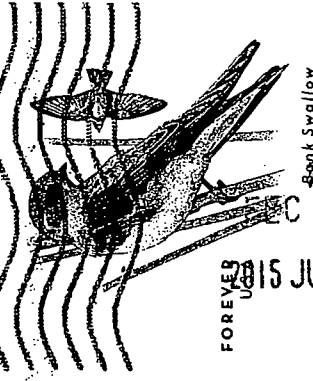
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NON-PROFIT ORGANIZATION

T. Dubon
42530 Wynstone dr
Prairieville, LA 70769

NO POSTAGE
NECESSARY
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UNITED STATES
BATON ROUGE LA 707
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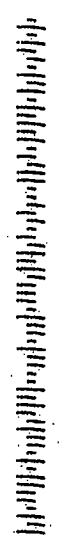
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Federal Election Commission
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NON-FUNCTIONAL INFORMATION

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	Next Business Day Delivery <input type="checkbox"/>
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

MP
 PREPARER
 (3/2015)

7/17/15
 DATE PREPARED