

Image# 201507289000429713

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Dr. Dena Marie Minning MD		
(b) Address (number and street) 3956 Town Center Blvd Ste 457		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Orlando FL 32837		2. Candidate's FEC Identification Number H6FL09187
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
		6. State & District of Candidate FL 09
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

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) Friends of Dena		
(b) Address (number and street) 3956 Town Country Blvd Ste 457		
(c) City, State, and ZIP Code Orlando FL 32837		

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. Dena Marie Minning MD <i>[Electronically Filed]</i>	Date 07/28/2015
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--