### FEC FORM 2 STATEMENT OF CANDIDACY

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(a) Name of Candidate (in full)     WILLIAM TAYLOR C			
	RIFFIN		,
(b) Address (number and street)	Check if address ch	anged	2. Candidate's FEC Identification Number
6113 Harborside Dr.		٠١	
(c) City, State, and ZIP Code		······································	3. Is This A New Amended
New Bern, NC 2856	0 -	·	Statement 🍑 (N) OR (A)
4. Party Affiliation	5. Office Sought	6. State & Distr	ict of Candidate
REP	HOUSE	.NC-03	
DE	SIGNATION OF PRINC	PAL CAMPAIGN	
7. I hereby designate the following nar	ned political committee as my Pri	ncipal Campaign Comm	ittee for the 2014 (year of election)
NOTE: This designation should be	iled with the appropriate office list	ed in the instructions.	
(a) Name of Committee (in full)			
TAYLOR GRIFFIN F	OR CONGRESS		,
(b) Address (number and £reet)			,
605 POLLOCK STR	REET		
(c) City, State, and ZIP Code			
NEW BERN, NC 28	3560		
DE	SIGNATION OF OTHER		
	(including Joint Fun	draising Representative	18)
<ol> <li>I hereby authorize the following name candidacy.</li> </ol>	ned committee, which is NOT my	principal campaign com	mittee, to receive and expand funds on behalf of my
NOTE: This designation should be t	iled with the principal campaign c	ommittee.	
(a) Name of Committee (in full)			
(a) Name of Committee (in full)			
NONE		•	
NONE			
NONE (b) Address (number and street)			
NONE (b) Address (number and street) (c) City, State, and ZIP Code	mined this Statement and to the b		nd belief it is Irue, correct and complete.
NONE  (b) Address (number and street)  (c) City, State, and ZIP Code	mined this Statement and to the b		nd belief it is true, correct and complete.
NONE (b) Address (number and street) (c) City, State, and ZIP Code	mined this Statement and to the b		nd belief it is true, correct and complete.
NONE  (b) Address (number and street)  (c) City, State, and ZIP Code	mined this Statement and to the b		
NONE (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exa		est of my knowledge ar	10/3/2013
NONE  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exa		est of my knowledge ar	Date
NONE  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have exa		est of my knowledge ar	10/3/2013

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(8/2013)