

Image# 201509099001622038

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) ross price		
(b) Address (number and street) 2025 nw 21st ave		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code fort lauderdale FL 33311		2. Candidate's FEC Identification Number P60014941
4. Party Affiliation UNI		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
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) duke justice		
(b) Address (number and street) p.o box 8373		
(c) City, State, and ZIP Code fort lauderdale FL 33310		

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 ross justice	Date 09/09/2015
<i>[Electronically Filed]</i>	

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F2N

Transaction ID :

This party has been organized to represent the class of Americans who have no voice. Also to reform healthcare

Form/Schedule:

Transaction ID: