

Image# 201603079009662063

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) James Dominick Carvin		
(b) Address (number and street) 2750 Old St. Augustine G67		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Tallahassee FL 32301		2. Candidate's FEC Identification Number P60020351
4. Party Affiliation NPA	5. Office Sought Presidential	3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
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) Committee to Elect James Carvin		
(b) Address (number and street) 2750 Old St. Augustine G67		
(c) City, State, and ZIP Code Tallah FL 32301		

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 James Dominick Carvin <i>[Electronically Filed]</i>	Date 03/07/2016
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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