

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2016 MAR -2 AM 11:41

1. (a) Name of Candidate (in full) <b>FRED JOSEPH SIMON JR MD</b>		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <b>800 COUNTRY CLUB LANE</b>		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code <b>CORONADO, CALIFORNIA 92118</b>		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <b>REPUBLICAN</b>	5. Office Sought <b>CONGRESSMAN</b>	6. State & District of Candidate <b>CALIFORNIA 52ND DISTRICT</b>

### 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) <b>FRED SIMON FOR CONGRESS</b>
(b) Address (number and street) <b>800 COUNTRY CLUB LANE</b>
(c) City, State, and ZIP Code <b>CORONADO, CALIFORNIA 92118</b>

### 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 	Date <b>02-29-2016</b>
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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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92124	03/01/2016		
Date Accepted	Scheduled Delivery Time	Employee Signature	
03/01/2016	12:00		
Time Accepted	<input type="checkbox"/> Loss Guarantee Only	Employee Signature	
1:43 PM			
Weight	<input type="checkbox"/> Live Shipment	Employee Signature	
lbs. 2.5			
Rate	<input type="checkbox"/> Sunday/Holiday Premium	Employee Signature	
\$22.95			
Postage	Return Receipt Fee	Employee Signature	
\$22.95			
Insurance Fee	COD Fee	Employee Signature	
\$	\$		
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