## NOTE: THE NOTE OF THE POST OF THE

## FEC FORM 2 STATEMENT OF CANDIDACY

## FEC MAIL CENTER

		2010 MA CO 16
(a) Name of Candidate (in full)		2010 NOV 26 AM 9: 16
James Valentine		
(b) Address (number and street) O Alton Rd #2507	☐ Check if address changed	PEC Candidate Identification Number     P60017100
(c) City, State, and ZIP Code Miami Beach, FL 33139		3. Is This New Amend Statement (N) OR (A)
. Party Affiliation	5. Office Sought	6. State & District of Candidate
None		Florida, 27th District
DI	ESIGNATION OF PRINCIPAL (	CAMPAIGN COMMITTEE
7. I hereby designate the following na	med political committee as my Principal Ca	· • · · · · · · · · · · · · · · · · · ·
NOTE: This designation should be	filed with the appropriate office listed in the	year of election) instructions.
(a) Name of Committee (in full)		
alentine For President Campaign Committee		
(b) Address (number and street)	1ton Rd #250	7 Miami Beach FL 33139
0 Allon Ro #2507	,	33139
(c) City, State, and ZIP Code		,
fiami Beach, FL 33139		
	ESIGNATION OF OTHER AUT	
DI  3. I hereby authorize the following na candidacy.	(Including Joint Fundraising	Representatives)  campaign committee, to receive and expend funds on behalf of m
DI  3. I hereby authorize the following na candidacy.	(Including Joint Fundraising med committee, which is NOT my principal	Representatives)  campaign committee, to receive and expend funds on behalf of m
DI  3. I hereby authorize the following na candidacy.  NOTE: This designation should be	(Including Joint Fundraising med committee, which is NOT my principal	Representatives)  campaign committee, to receive and expend funds on behalf of m
Diagram  B. I hereby authorize the following nat candidacy.  NOTE: This designation should be (a) Name of Committee (in full)	(Including Joint Fundraising med committee, which is NOT my principal	Representatives)  campaign committee, to receive and expend funds on behalf of m
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DI  3. I hereby authorize the following na candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	(Including Joint Fundraising med committee, which is NOT my principal filled with the principal campaign committee with the principal campaign committee amined this Statement and to the best of management and the best of management an	Representatives)  campaign committee, to receive and expend funds on behalf of me.  e.  by knowledge and belief it is true, correct and complete.  Date
B. I hereby authorize the following nat candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate	(Including Joint Fundraising med committee, which is NOT my principal filled with the principal campaign committee mined this Statement and to the best of medical factors.	Representatives)  campaign committee, to receive and expend funds on behalf of me.  e.  by knowledge and belief it is true, correct and complete.  Date  18 Nov 18
DI  3. I hereby authorize the following nate candidacy.  NOTE: This designation should be  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate	(Including Joint Fundraising med committee, which is NOT my principal filled with the principal campaign committee mined this Statement and to the best of medical factors.	Representatives)  campaign committee, to receive and expend funds on behalf of me.  e.  by knowledge and belief it is true, correct and complete.  Date
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**PREPARER** 

(3/2015)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked USPS Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED