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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)							
	Charles Griffith Ferry					10.00 F14.1 F50.11 eff f		
	(b) Address (number and street) 16 County Route 23	☐ Check if address changed				Candidate's FEC Identification Number P60022118		
	(c) City, State, and ZIP Code						ew Amended	
	Constantia		N	/ 1304	4	Statement X (N	N) OR (A)	
4.	Party Affiliation	5. Office Soug			6. State & Dist	rict of Candidate		
	CONSERVATIVE PARTY	Presidenti	al ———					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 (year of election)							
	NOTE: This designation should be filed with the appropriate office listed in the instructions.							
	(a) Name of Committee (in full)							
Conservative Party of these United States								
	(b) Address (number and street) 16 CO RT 23							
	(c) City, State, and ZIP Code							
	Constantia				NY	13044		
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)								
	(1)							
(IX) Address (south as and store)								
(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			
C_{i}	harles G Ferry			[F.lea	tronically Filed]	07/12/2016		
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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.								

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHŽG7 < 98 I @ 'CF' ± H9 A = N5 H± CB

Form/Schedule: F2N Transaction ID:

Prefer just Chuck or CGF

Form/Schedule: Transaction ID: