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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1 (~\ N!-   | mo of Condidate (in full)                     |                |                            |        |                   |                  |  |      |  |         |  |
|---|---|----------------|----------------------------|--------|-------------------|------------------|--|------|--|---------|--|
|   | me of Candidate (in full)                     |                |                            |        |                   |                  |  |      |  |         |  |
|   | Fonzi Berman  (b) Address (number and street) |                |                            |        |                   |                  | 2. Candidate's FEC Identification Number |      |  |         |  |
| 2 Intracoastal Way  |   |                | □ Check if address changed |        |                   |                  | P60016656                                |      |  |         |  |
| (c) Cit   | y, State, and ZIP Code                        |                |                            |        |                   | 3. Is This       | Ne                                       |      |  | Amended |  |
|   | ake Worth                                     |                | FL                         | _ 3346 | 0                 | Stateme          | ent X (N                                 | ) OR |  | (A)     |  |
| 4. Party  | Affiliation                                   | 5. Office Soug |                            |        | 6. State & Dis    | trict of Candida | ate                                      |      |  |         |  |
| UN  |   | 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)   |   |                |                            |        |                   |                  |  |      |  |         |  |
| F   | onzi Berman                                   |                |                            |        |                   |                  |  |      |  |         |  |
|   | dress (number and street)<br>Intracoastal Way |                |                            |        |                   |                  |  |      |  |         |  |
| (c) Cit   | y, State, and ZIP Code                        |                |                            |        |                   |                  |  |      |  |         |  |
|   | _ake Worth                                    |                |                            |        | FL                | 33460            |  |      |  |         |  |
|   |   |                |                            |        |                   |                  |  |      |  |         |  |
|   | D.F.  |                | N 05 0T                    |        |                   | 0011111          |  |      |  |         |  |
| 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)   |   |                |                            |        |                   |                  |  |      |  |         |  |
| (a) Maine of Continues (in full)  |   |                |                            |        |                   |                  |  |      |  |         |  |
|   |   |                |                            |        |                   |                  |  |      |  |         |  |
| (b) Address (number and street)   |   |                |                            |        |                   |                  |  |      |  |         |  |
|   |   |                |                            |        |                   |                  |  |      |  |         |  |
| (c) City, State, and ZIP Code   |   |                |                            |        |                   |                  |  |      |  |         |  |
| (0) 5.13, 5.13, 5.13 = 1.7 5000   |   |                |                            |        |                   |                  |  |      |  |         |  |
|   |   |                |                            |        |                   |                  |  |      |  |         |  |
| 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 Fonzi Berman   |   |                |                            |        |                   | Date             |  |      |  |         |  |
| TORGE DOTHUR  |   |                |                            | [Elec  | tronically Filed] | 10/08/2015       |  |      |  |         |  |
|   |   |                |                            |        |                   |                  |  |      |  |         |  |
| 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)