FEC FORM 2

STATEMENT OF CANDIDACY

〒	() 11 (((((((((((((((((
Τ.	(a) Name of Candidate (in full)							
	Norman Arevalo					To 0 1111 1 55011 115 11 11		
	(b) Address (number and street) 35-11 Vernon Blvd Apt 4b	□Chec	k if address o	changed		Candidate's FEC Identification Number P60015427		
	(c) City, State, and ZIP Code					3. Is This New Amended		
	Astoria		NY	11106	5	Statement X (N) OR (A)		
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate		
	AMERICAN INDEPENDENT PA	Presidential						
	DE	SIGNATION	OF PRING	CIPAL	CAMPAIGN	N COMMITTEE		
7.	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 f	iled with the appro	priate office li	isted in th	e instructions.			
	(a) Name of Committee (in full)							
	Norman Arevalo							
	(b) Address (number and street)							
	35-11 Vernon Blvd							
	Apt 4b							
	(c) City, State, and ZIP Code							
	Astoria				NY	11106		
	DE					COMMITTEES		
		(Incii	uaing Joint Fi	undraisin	g Representative	es)		
8.	I hereby authorize the following name candidacy.	ned committee, wh	ich is NOT m	y principa	ıl campaign con	nmittee, to receive and expend funds on behalf of my		
	NOTE: This designation should be f	iled with the princip	oal campaign	committe	ee.			
_	(a) Name of Committee (in full)							
	(a) Name of Committee (iii fail)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							
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		mined this Statem	ent and to the	e best of r	ny knowledge a	and belief it is true, correct and complete.		
Si		mined this Stateme	ent and to the	e best of r	ny knowledge a	and belief it is true, correct and complete. Date		
	I certify that I have exa	mined this Statemo	ent and to the			Date		
	I certify that I have exa	mined this Statem	ent and to the		my knowledge a ronically Filed]			
	I certify that I have exa	mined this Statem	ent and to the			Date		
No	I certify that I have exa gnature of Candidate orman Arevalo			[Electi	ronically Filed]	Date		
No	I certify that I have exa gnature of Candidate orman Arevalo			[Electi	ronically Filed]	Date 09/17/2015		
No	I certify that I have exa gnature of Candidate orman Arevalo			[Electi	ronically Filed]	Date 09/17/2015		

FEC FORM 2 (REV. 02/2009)