

FEC FORM 2 STATEMENT OF CANDIDACY

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|--|---|--|--|--|
| 1. (a) Name of Candidate (in full) Andrew Augustine Caffrey IV | | | 2011 SEP -8 AM 11:32 | |
| (b) Address (number and street) 816 Locust St. Apt. C | | <input checked="" type="checkbox"/> Check if address changed | 2. Identification Number H2CA02118 | |
| (c) City, State, and ZIP Code Garberville, CA 95542-3442 | | 3. Is This Statement <input type="checkbox"/> (N) OR <input checked="" type="checkbox"/> (A) Amended | | |
| 4. Party Affiliation Democratic | 5. Office Sought House Representative | 6. State & District of Candidate California District 2 | | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 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) Committee to Elect Andy Caffrey to Congress |
| (b) Address (number and street) 816 Locust St. Apt C |
| (c) City, State, and ZIP Code Garberville, CA 95542-3442 |

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 September 6, 2011 |
|---|----------------------------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 12/2008)

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Federal Election Commission
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