

FEC FORM 2
STATEMENT OF CANDIDACY

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| | | |
|---|--------------------------------------|--|
| 1. (a) Name of Candidate (in full) ANDY CLOWN MIANNAY | | 2. Identification Number |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed 3101 PINE BRANCH DRIVE UNIT 203 | | |
| (c) City, State, and ZIP Code KISSIMMEE, FL 34741 | | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation INDEPENDENT | 5. Office Sought PRESIDENT | 6. State & District of Candidate FLORIDA DISTRICT 15 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 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) ANDY CLOWN MIANNAY FOR PRESIDENT |
| (b) Address (number and street) 3101 PINE BRANCH DRIVE UNIT 203 |
| (c) City, State, and ZIP Code KISSIMMEE, FL 34741 |

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 |

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A _____ for the primary election, and

9B _____ for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
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| Signature of Candidate  | Date October 07, 2007 |
|---|---------------------------------|

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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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.

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| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> | |

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| <input type="checkbox"/> USPS Express Mail | Postmarked |
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| <input type="checkbox"/> Postmark Illegible |
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| <input type="checkbox"/> No Postmark |
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| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
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| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
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| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
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|  PREPARER (3/2005) | 10/16/07 DATE PREPARED |
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