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FEC FORM 2

STATEMENT OF CANDIDACY

	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\										
1. (a) Name of Candidate (in full)										
	Jose Regis		:			10.0. 11.1	-/- [[0.17	ALC: - C	(
(b	(b) Address (number and street) ☐ Check if an 615 Post Oak Way			ddress changed			Candidate's FEC Identification Number P60012614				
(c)) City, State, and ZIP Code					3. Is This	Ne Ne		Amend	led	
	Warner Robins		GA	31088	3	Statem	ent X (N) OR	(A)		
4. Pa	arty Affiliation	5. Office Sought			6. State & Dist	rict of Candid	ate				
V	ΈΤ	Presidential									
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. Ih	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) NONE										
(b) Address (number and street)										
	NA										
	NA										
(c)) City, State, and ZIP Code										
	Warner Robins				GA	31088					
	DE	SIGNATION C	E OTHE	D A117	TUODIZED	COMMIT	TEES				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
	nereby authorize the following nan andidacy.	ned committee, whic	h is NOT my	principa	al campaign cor	nmittee, to red	ceive and exp	pend funds	on behalf of m	У	
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										
(c)) City, State, and ZIP Code										
(c)) City, State, and ZIP Code										
(c)) City, State, and ZIP Code I certify that I have exa	mined this Statemel	nt and to the	best of r	my knowledge a	and belief it is	true, correct	and compl	ete.	_	
	l certify that I have exa	mined this Statemen	nt and to the	best of r	ny knowledge a	and belief it is	true, correct	and compl	ete.		
Signa	I certify that I have exa	mined this Statemel	nt and to the			Date		and compl	ete.		
Signa	l certify that I have exa	mined this Statemer	nt and to the		ny knowledge a ronically Filed]			and compl	ete.		
Signa	I certify that I have exa	mined this Statemer	nt and to the			Date		and compl	ete.		
Signa Jose	I certify that I have exa			[Elect	ronically Filed]	Date 08/25/201	5				
Signa Jose	I certify that I have exa ature of Candidate Regis			[Elect	ronically Filed]	Date 08/25/201	5				
Signa Jose	I certify that I have exa ature of Candidate Regis			[Elect	ronically Filed]	Date 08/25/201	5				

FEC FORM 2 (REV. 02/2009)