

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) MORRISON MCKELVY BONPASSE		2. FEC Candidate Identification Number	
(b) Address (number and street) <input type="checkbox"/> Check if address changed 217 South Dyer Neck Road		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)	
(c) City, State, and ZIP Code Newcastle, ME 04553-3224		6. State & District of Candidate MAINE, 1st Congressional	
4. Party Affiliation DEMOCRAT	5. Office Sought President of US		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) Bonpasse for President Committee
(b) Address (number and street) P.O. Box 390
(c) City, State, and ZIP Code Newcastle, ME 04553

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 Morrison Bonpasse	Date December 17, 2014
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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FORM 101-1001

NEWCASTLE, ME
04553



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PREPARER

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