

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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1. (a) Name of Candidate (in full) <i>David Neal McMillan</i>		2016 AUG -1 AM 9:15
(b) Address (number and street) <input type="checkbox"/> Check if address changed <i>22306 Misty Woods Way</i>		2. FEC Candidate Identification Number <i>?</i>
(c) City, State, and ZIP Code <i>Boca Raton, Florida 33428</i>		3. Is This Statement <input type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation <i>Freedom Party</i>	5. Office Sought <i>President of U.S.</i>	6. State & District of Candidate <i>Florida</i>

**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) <i>Election Committee for David McMillan</i>
(b) Address (number and street) <i>Same as above</i>
(c) City, State, and ZIP Code <i>Same as above</i>

**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 <i>David N. McMillan</i>	Date <i>7/23/16</i>
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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.

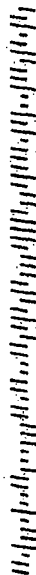
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David McMillan  
22306 Misty Woods Way  
Boca Raton, Florida 33428

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463



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