

Image# 201509229002774321

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Lesale Venomancer Deathbringer			2. Candidate's FEC Identification Number P60015674	
(b) Address (number and street) 200 Poison Nova Drive		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Jidi Isle AS 73556		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation GREEN PARTY	5. Office Sought Presidential	6. State & District of Candidate		

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) Plague Wards For Venomancer As President		
(b) Address (number and street) 360 Dire Ancient Way		
(c) City, State, and ZIP Code The Dire Side Of The Map FL 11111		

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 Lesale Venomancer Deathbringer <i>[Electronically Filed]</i>	Date 09/22/2015
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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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